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**ASPECTS OF
ORTHOPAEDIC SURGICAL
RESEARCH
WITH EMPHASIS ON SURGERY
IN
HAEMOPHILIA
AND
IMMUNOCOMPROMISED
PATIENTS**

Volume I

WJ Ribbans

**ASPECTS OF
ORTHOPAEDIC SURGICAL RESEARCH
WITH EMPHASIS ON SURGERY IN
HAEMOPHILIA
AND
IMMUNOCOMPROMISED PATIENTS**

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VOLUME II
Submitted Publications
➤ Non-Haemophilia
➤ Haemophilia

ABSTRACT

Ninety-three publications have been presented from the last 22 years. This body of work represents an opus of publications from the author's own medical qualification, in 1980, until the present day. They vary from short abstracts representing research presentations at scientific meetings through to major multi-centre international studies and significant contributions to medical texts. They are accompanied by an overview, which details original contributions to medical knowledge and superior methodology, reinforced by calculation of a citations index, which demonstrates the impact of such research on the medical community.

The overview has chosen to collate the output into four main clusters of which *Haemophilia* represents the largest numerically, with forty-seven contributions, and the most significant scientifically. The other three groups represent *Infection, including HIV and Hepatitis*, *Trauma and its sequelae*, and *General Surgery and Orthopaedics*.

Contributions on the issues of surgery on HIV positive Haemophilic patients, the more general problems surrounding surgical intervention in Haemophilia, and the natural history of Orthopaedic pathology in these patients has been the area where it is felt the most significant contribution has been made.

Papers have been published demonstrating the generally positive clinical and economic outcomes following different forms of joint replacement in Haemophilia. However, the markedly increased infection risks following joint replacement in HIV positive Haemophilic patients has been highlighted in the largest paper published on the subject, combining the results from many different countries. In contrast, by access to historical laboratory specimens, it has been shown that Orthopaedic surgical interventions have not adversely affected the natural history of HIV in terms of immune competence.

A number of papers have been published on the subject of the natural history of ankle arthropathy in Haemophilia – an area under investigated in the past. A critical review of accepted scoring systems in Haemophilia has been published with a more scientifically evaluated system suggested in its stead.

The *Infection* section has developed from the initial interests in the problems encountered in Haemophilia. Further work has been undertaken evaluating protective gloves designed to minimise injury to staff during high risk procedures and the more general exposure to HIV and Hepatitis in general Orthopaedic practice.

The *Trauma* section presents a number of varied papers in terms of publication type and subject matter. The randomised prospective paper on intertrochanteric fractures of the hip, demonstrating no advantage in outcome following a more technically difficult surgical procedure, is an important contribution to the literature. The first paper published on the pathology demonstrated by CT following an initial shoulder dislocation has been a similarly influential publication – as demonstrated by its citation count.

The final section on *General Surgery and Orthopaedics* provides a catholic collection of publications reflecting a number of surgical interests and career appointments. One paper from this group was particularly influential. It evaluated the outcomes of knee arthroscopy as a day case procedure and it was an important contribution at its time, as witnessed by its widespread acceptance as normal practice sixteen years later.

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“A joyful and pleasant thing it is to be thankful.”

Psalm 147 v.1.

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For having the patience and forbearance to tolerate my initial inexperience. For the pearls of wisdom to emerge from their mouths and hands, and for their encouragement and far-sightedness when the journey seemed long.

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To my family:

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To my wife and three daughters for all their love and understanding.

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DETAILS OF SUBMITTED PUBLICATIONS

BIBLIOGRAPHY

Key:

A	Abstract published
BOA	British Orthopaedic Association Publication
Ch	Book Chapter
Ed	Editorial
Edit	Editor of Book or similar publication
IA	Invited article
L	Letter in Medical Journal
P	Published Scientific Paper in refereed scientific journal
Pa	Papers accepted for publication in refereed scientific journal
Proc	Podium Presentations published in Scientific Meeting Proceedings
SA	Article submitted to Journal

ALLOGRAFTS

- BOA M.Freeman et al. (including **W.J.Ribbans** as Committee Member)
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 B.O.A. Publication. M. Freeman, Chairman of Working Party. 1992,
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BIOMECHANICS

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- ❖ Haemophilia

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HIP

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- ❖ Trauma

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- ❖ Haemophilia
- ❖ Limb Reconstruction

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TRAUMA

See also under:

- ❖ Epilepsy
- ❖ Infection
- ❖ Knee
- ❖ Limb Reconstruction
- ❖ Shoulder

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OVERVIEW

AUTOBIOGRAPHICAL CONTEXT

➤ Introduction

In this autobiographical review, areas of my education and professional work have been identified which have most strongly influenced my research and publication career. My clinical and research work have developed in parallel with frequent cross-linkages in terms of career advancement and areas of enquiry.

Throughout my life, I have been fortunate to have strong mentors who guided and acted as role models. An early publishing objective that I identified was the desire to attempt to complete a research project with each Consultant for whom I worked. Although not always achieved, it represented a reasonable goal to cement a professional relationship with a respected mentor within the pages of scientific publications. As I have advanced into more senior positions myself, I have attempted to replicate these relationships for my own junior staff. Another delight of a career in medicine is the fact that its derivation of knowledge and application of its skills recognizes no international borders. Influences, both from the written word and personal contacts, reach across the world and help shape your own particular practice wherever that may be. It has been rewarding to identify during my search for citations that the act of “global surgical pollination” has been reciprocated with inclusion of my own work in research published from many countries.

➤ Early Educational Development

“I call therefore a complete and generous education that which fits a man to perform justly, skillfully and magnanimously all the offices both private and public of peace and war”.

John Milton. English Playwright. *“Of Education”*. 1644.

A redbrick grammar school education led to Advanced level subject choices of Geography, Economics and History following on from a predominantly arts-based clutch of Ordinary levels. My first interest in Medicine did not surface until my late-teens welded from a combination of a strong medical role model in the form of a close Danish family friend, with the *laissez-faire*, cosmopolitan, intellectual outlook on life so prevalent in Scandinavians, and a rather unhealthy interest in the life-style emanating from the pages of Richard Gordon’s *“Doctor....”* series.

In 1973, my medical career started as one of thirty students enrolled on the last 1st M.B. course to be entertained by the Royal Free Hospital School of Medicine (R.F.H.S.M.). The school represented the antithesis of traditional medical misogyny having been the first institution to open its gates to females exactly one hundred years before. It was the advent of the N.H.S. in 1948, which forced it to admit males for the first time. However, a phalanx of imposing medical matriarchs still occupied the higher echelons of hospital life. The traditions and central tenets of the school helped shape a more liberal curriculum combined with a more humanizing atmosphere and emphasis on pastoral responsibilities not noted in the other, older, more traditional

eleven London Medical Schools. Without doubt these early influences have helped shape my own professional interests and standards.

However, pre-clinical medical school life proved at once both an unfulfilling and challenging three years. My idealized notion of undergraduate life as a time for personal development and reflection was sadly misplaced. Even three decades later, I consider still that many pre-clinical departments regarded undergraduate teaching as a necessary penance to be fitted in between their own research pursuits, which was reflected in the volume of uncritical and ultimately irrelevant subject matter taught.

➤ In Pursuit of Experience, Degrees and Fellowships

Labrax: "Immo edepol una littera plus sum quam medicus".

Gripus: "Tum tu mendicus es?"

One letter more than a medical man, that's what I am. Then you're a mendicant?

Plautus. Roman Comic Playwright. (c 250-184 BC). *Rudens* 1. 1305.

A well-trodden detour was pursued halfway through my undergraduate career – the intercalated B.Sc. year, an intellectual oasis in the midst of a medical course. Time to devote to Biomechanics, Neuroanatomy and Exercise Physiology proved a welcome relief from the unremitting treadmill. My senior tutor was the late Professor Ruth Bowden, at first meeting a medical martinet with the highest standards of erudition. She required of myself something more than the ability to inwardly devour and later regurgitate *materia medica*. She emphasized the central importance of Scientific Method in all worthwhile research and cultivated the development of the enquiring and critical mind. My respect for her was total and in ensuing years she followed my career culminating in her "signing up" for an Old Students Day ward round conducted by myself in 1992! Although thoughts of a career in surgery had surfaced already, the enjoyment of *all matters anatomical* from this period confirmed my future career plans and provided a firm foundation in the way any research should be approached.

In 1980, after seven years of undergraduate life, I graduated M.B.,B.S. and subsequently took my place on the Medical Register. Both House positions were undertaken at my *alma mater* and bought me under the influence of another of the doyens of the Royal Free, the late Professor Dame Sheila Sherlock. She dominated Hepatology with her crystal-clear intellect and encyclopaedic command of her chosen specialty. Her unit was populated by medical graduates, several years my senior, engaged in obtaining a combination of unparalleled clinical and research opportunities. It made me realize that graduation was merely the beginning of my required medical knowledge. It was with the greatest pride that I sat next to her at a dinner at the Royal College of Physicians sixteen years later and gave an address on behalf of the guests.

The first six months of work, on Professor Sherlock's Academic Medical Unit, witnessed my initial attempt at medical publication, a Case Report on Haemobilia ⁽¹⁾. The intellectual milieu in which I found myself was a powerful stimulus to write. I felt that successful completion of a publication, however small, would assuage my desire to be accepted within such an environment. The process taught me the rudiments of writing, researching and submitting papers for publication. The subsequent revision requirements were endured, the final acceptance and publication

four years after commencement enjoyed, and the need for patience in the world of medical research learnt.

A fascination with the normal working and pathology of the limbs had been fostered during my anatomical and biomechanical studies. This was coupled with the desire to acquire skills useful in the treatment of sports-related injuries to allow my professional interests to parallel my leisure pursuits.

A career in Orthopaedic Surgery had been planned from mid-medical school life. After admission to the Royal College of Surgeons of Edinburgh in 1985, I commenced in earnest my chosen professional pathway.

The next six years of my career as a Registrar, Senior Registrar and Fellow encompassed the most concentrated period of learning, clinical skill acquisition, and research development of my surgical career. This intense phase is intended to take a fledgling young doctor and equip him/her with the skills to undertake the profession of surgery as an independent, critical practitioner.

The first two years were undertaken in Berkshire and Harrow. These positions were undertaken before the advent on restrictions on doctors' working hours and required an average clinical working week of 128 hours per week, including a 1:2 on-call commitment. Clinical training was very much an apprenticeship with the surgical maxim "see one, do one, teach one" to the fore. However, the wealth of clinical material, speed of personal professional advancement, and the close camaraderie engendered by long, exhausting hours at the "coal face" provided me with the most enduring and closest professional friendships formed within my career. This period also allowed the opportunity to undertake for the first time larger and more important Orthopaedic clinical research work, which would later provide material for, amongst others, a published prospective surgical procedure study and the material for the thesis section of my M.Ch.Orth degree. Undoubtedly, the stimulus of new and manifold clinical experiences encouraged not only the need to read widely to allow me to cope with the clinical questions asked of myself, but fostered the development of a number of clinical research projects based on the patients I had encountered ^(2,3,4,5,6,7,8).

The period of 1987-1988 witnessed my Clinical Fellowship at Harvard University. Initially the personal and financial upheaval required to taste the Boston experience seemed ill advised. Clinical work at "Man's Greatest Hospital" (aka Massachusetts General Hospital) – a belief firmly held by all who passed through its hallowed portals – was both alien and amusing (Shem, 1981). However, it rapidly became clear that the Fellowship period was going to provide me with the most important single clinical training phase of my career. It has long been apparent to me that for every working day of the subsequent fifteen years, I have at some moment relied upon experiences seen and knowledge acquired during that period. The opportunity to witness another advanced economy's health care system in action was revealing, the advanced state of orthopaedic surgical techniques illuminating, and the quality and sacrosanct position of structured continuing surgical education memorable. Surprisingly, research was given little priority amongst my peers assured as they were of an eventual, excellent senior position irrespective of a publishing proclivity! Therefore, voluntary requests to participate in clinical research were willingly accepted by my American mentors and led to several satisfying projects. The mysteries of the merry-go-round of grant applications and the precariousness of research work were revealed to me for the first time.

Touchdown back in the NHS occurred at the Central Middlesex Hospital. The contrasts between that hospital, situated in an impoverished estate in Harlesden, and the ivory towers besides the Charles River could not have been greater. Central

Middlesex proved to be a clinical and research desert rescued by transfer to the Middlesex Hospital fifteen months later. A year's attachment to two surgical "greats" in the form of Sir Rodney Sweetnam and Michael Edgar was an enormous privilege and education. Steeped in the traditions and etiquettes of London surgical practice, they encouraged amongst their Senior Registrars independence and organizational abilities to equip us for our own Consultant practices. The surgical spectrum was narrow but complex and challenging for someone in the last throes of junior surgical positions. Clinical research was not only encouraged but expected and seen as an integral part of the standing of the unit to the Orthopaedic world beyond.

My last position prior to obtaining a Consultant position was a Fellowship in Limb Reconstruction in Sheffield. This six-month period under the tutelage of Michael Saleh, later Professor in Orthopaedics, provided me with the surgical skills to embark upon one of my subsequent sub-specialty interests – the treatment of problem fractures and the use of external fixation in the eradication of bone infection. The Sheffield training scheme was a very well organized and structured programme. Whereas in London the intellectual ties had tended to gravitate towards North America, I found Sheffield Orthopaedic society had acquired far more links to European colleagues and their treatment philosophies. This half-year witnessed a number of professional milestones including obtaining a Masters in Orthopaedic Surgery from the University of Liverpool, success in the first intercalated Fellowship in Orthopaedic Surgery, and appointment as Consultant Orthopaedic Surgeon to my *alma mater*, the Royal Free Hospital.

➤ Consultant career

"An expert is one who knows more and more about less and less".

Nicholas Butler (1862-1947). President of Columbia University.

It was with immense pride that I returned as a Consultant Surgeon to the Royal Free in January 1991. In the next few years, a burgeoning reputation within the haemophilia and HIV surgical community did lead to many invitations to speak and undertake clinical work abroad. One of the most unforgettable trips was to India where the sights and sounds around their hospitals will remain with me forever.

However, the achievement of returning to the Royal Free and lecturing jaunts abroad left me strangely disappointed. The political struggles within the hospital, the remoteness of management, the long traveling times around the city, and upheavals to a young family of frequent absences away made me reappraise my professional life as I moved into my fifth decade.

In 1996, I returned to my roots as Consultant Surgeon at Northampton General Hospital. It is a busy District General Hospital fulfilling the majority of medical needs of the surrounding 350,000 people. I started the position determined on several missions including the further development of my clinical skills and to take more active involvement in the development of the hospital and unit. However, I wished to demonstrate that it is possible to continue fruitfully within education and research from a non-teaching hospital background albeit acknowledging that it is an easier task once a reputation has been made at home and abroad for publishing and while links with colleagues throughout the world are maintained. I have forsaken the clinical care of Haemophilics (although continuing with research and a management position within the World Haemophilia Federation for several years) and HIV for the establishment of surgical foot and ankle services within the county.

RESEARCH TRAILS

“Whilst others have been at the balloo, I have been at my book, and am now past the craggy paths of study, and come to the flowery plains of honour and reputation”.

Ben Jonson. *Valpone*. 1606.

The career pathway of a surgeon in training within the United Kingdom exposes them to a wide variety of clinical material and research opportunities. I have chosen to divide my publications into four principle areas; Haemophilia, Infection, Trauma and its sequelae, and General Surgery and Orthopaedics.

Participation in certain projects, especially in more junior positions, usually is dependent upon the sub-specialty interests of senior colleagues and the unpredictable appearance of a patient(s) that triggers a certain train of thought and enquiry leading ultimately to a presentation and/or full publication.

To aid my own review of how each publication has arisen and reflect upon its own influence on later work of my own or other authors, I have constructed a number of Research Trails. The Trails are to be found in Appendix VI and provide a logical depiction of the publication process.

➤ Haemophilia

“If you prick us do we not bleed?”

William Shakespeare. *The Merchant of Venice* (1596-1598).

The Royal Free Hospital (RFH) possesses the busiest Haemophilia clinic in the United Kingdom – The Katherine Dormandy Centre. In the field of research and treatment of bleeding disorders, it has established an international reputation for its work. Upon appointment as Consultant Orthopaedic Surgeon at the hospital, I was asked to take a special interest in the musculo-skeletal care of these patients. Beginning in the late 1960s, the surgical work had been undertaken by Mr. Colin Madgwick. The treatment – both medical and surgical – of these patients had been revolutionized by the availability of Factor replacement from the early 1970s. Prior to such treatment, severe Haemophilia condemned patients to a painful and progressively disabled existence with a short life expectancy. The ability to undertake corrective surgical procedures safely had changed the perception and expectations of this disease for both carers and patients.

However, the ever-increasing optimism burst with the devastating discovery in the late 1980s of the contamination of imported blood products with H.I.V. and various forms of Hepatitis. Within the RFH unit, nearly two-thirds of severe Haemophilic patients contracted HIV and close to 100% Hepatitis C. There followed a desperate period of waiting and watching in ignorance of the course of these dreadful diseases. The interventional surgical programme, including joint replacement, was virtually “mothballed”. However, the worst fears of patients and families, relating to life expectancy, were thankfully not realized (Phillips, Lee, Eldford et al,1991; Phillips, Eldford, Sabin et al,1992). The relative state of well being of many of the patients required review of treatment strategies and recommencing surgery.

It was at this stage, in 1991, that I began my work as Orthopaedic surgeon to the Haemophilia unit. The musculo-skeletal work was based on a highly organized

multi-disciplinary approach with each member contributing his, or her, invaluable experience to form a management plan with the patient. Although the surgical work only occupied a small amount of my total operating time, the procedures proved challenging and rewarding. It became apparent that the well kept records of the unit provided an “Aladdin’s cave” of treasure with regard to the historical management of these patients, which provided longitudinal material for analysis.

At this stage, I would like to recognize the invaluable aid given to me by two of my Registrars, Nicholas Birch and Mark Phillips, and the senior counselor to the unit, Riva Miller. Together they provided countless hours of help with research ideas development, data collection, and analysis.

When reviewing the research undertaken during my association with the unit, I have divided the output into five main groups, while recognizing that a sixth subject area, Infection, had many of its roots from the Haemophilia work.

The first trail is that of Haemophilic Ankle problems. With the area being a particular clinical interest of mine in general, it was a natural site to review. Prior to my attendance at my first World Haemophilia Federation (WFH) Congress in Mexico in 1994, I reviewed the historical data of ankle management in the unit and gave it as a presentation ⁽⁹⁾. It was subsequently synthesized into an overview of Haemophilia ankle problems written for *Haemophilia* ⁽¹⁰⁾ and cited on many occasions. My reading of the literature in preparation for this paper made me doubt the validity of previous work accepted uncritically for assessing and grading disease progression in the ankle (Mazur, Schwartz, Simon, 1979; Petterson, Ahlberg, Nilsson, 1980). The work had not been validated and the assignment of scores to particular radiographic features seemed arbitrary and on subsequent testing by us was proven to negatively correlate with clinical function. Accordingly, we developed a properly validated combined clinical and imaging scoring system for ankle arthropathy, which was duly presented, abstracted ^(11,12,13) and published in *Clinical Orthopaedics and Related Research* ⁽¹⁴⁾. Review of citations reveals it to be the most widely quoted of any of my publications. Sadly, however, fellow authors continue to use the original, and in my view, discredited assessment system in many subsequent papers (eg. Rodriguez-Merchan et al., 2000). This is perhaps a reflection of the fact that initial work is usually embraced and uncritically accepted even in the face of later contradictory work.

At the Dublin WFH meeting in 1996, we presented the outcomes from a series of my patients undergoing removal of anterior ankle osteophytes ⁽¹⁵⁾. The series was too small to justify full publication, however. Later, I wrote a paper on the pathogenesis and management of equinus contractures for the *Haemophilia* journal ⁽¹⁶⁾.

The final area of work with which I have been involved in the field of haemophilic ankles is the biomechanical research undertaken in Bonn, which led to the publication of a paper in *Clinical Orthopaedics and Related Research* ⁽¹⁷⁾ and a contribution to *Musculoskeletal Aspects of Haemophilia* ⁽¹⁸⁾. My colleagues in Germany undertook the laboratory work. I was asked to be involved in the data interpretation and correlation between the basic science and the implications for clinical application.

The two contributions made to upper limb haemophilia publications included a Case Report on the first ipsilateral shoulder and elbow joint replacement to appear in print ⁽¹⁹⁾, and work, presented in Dublin in 1996, of the natural history of elbow arthropathy ^(20,21) following the similar work published on the ankle.

The third section relates to joint replacement in haemophilia. I regard this as the most important contribution that I made to the Haemophilia literature. The number

of cases undertaken by any unit anywhere in the world is relatively small and the literature was replete with sporadic case reports and small series (e.g. Kelley, Lachiewicz, Gilbert, Bolander, Jankiewicz, 1995; Luck, Kasper, 1989). The surgery remains however extremely expensive and, in certain quarters, controversial (Duthie et al, 1993). The cost of a single knee replacement in a patient with inhibitors to normal Factor replacement was in excess of £120,000 ten years ago. The unease felt by many surgeons regarding the life expectancy after surgery and the infection risks in HIV infected patients led to vigorous debate at meetings and in the literature (Weidel et al, 1989; Gregg-Smith et al, 1993). We began our work looking at a review of the unit's knee replacement programme and presented the findings at several meetings ⁽²²⁻²⁹⁾. Despite the relatively large size of the cohort, we were keen to concentrate upon a couple of key issues: economic implications and infection risks. The major cost of surgery arises in the high doses of Factor replacement required to prevent the patient exsanguinating. However, this has to be balanced against the considerable benefits of saved factor replacement brought about by the reduction in serial bleeds in the replaced knee. Our calculations led to the conclusion that a knee replacement that survived fourteen years would recompense the "surgical outlay" in later drug savings ^(22,23,26). Despite appearing in Proceedings the work remains unfinished although a final long-term review of post-operative bleed patterns is being considered presently at the Royal Free (RFH) to allow the paper to be completed.

The relatively low rates of infection in our own group led us to debate by letter the conclusions of our Oxford colleagues (Gregg-Smith et al, 1993) who counseled caution in joint surgery because of the high infection rates ⁽³⁰⁾. This correspondence has been widely cited subsequently and my own later work has vindicated the stance taken by "Oxford" as opposed to our own more initial optimistic viewpoint!

The risks of infection, however small in our unit, persuaded me to organize a multi-centre study on the outcome of joint replacement with regards to infection. The study gained momentum as it was presented at various international meetings with overseas colleagues offering to add their own unit's results to the work ^(31,32,33). This allowed the paper to become not only the biggest paper to appear on this subject for Haemophilia patients, but also the largest to appear for HIV in general. It involved the participation of eight centres in four countries allowing 102 patients to be included. The infection rate was extremely high overall and the *British Journal of Bone and Joint Surgery* accepted the paper ⁽³⁴⁾. It was extremely rewarding to bring together different units throughout the world in such a venture to provide what I consider to be a benchmark paper on this difficult subject.

Another important project concentrated upon the effects on HIV +ve Haemophiliacs' immune systems of major orthopaedic surgery. I felt that this was an important contribution challenging previous views (Robinson et al, 1987) regarding the systemic effects of surgery on patients ^(35,36,37,38). We were able to demonstrate that undertaking such surgery did not appear to unacceptably challenge the patient's depleted immune system and affect their long-term survival corroborating earlier work by Greene et al. in 1990. The active research group within the RFH Haemophilia unit possessed considerable raw data on their patients and had had the foresight to remove, at intervals, blood samples from the patients, which remained stored for many years. When the HIV epidemic began, this blood could be analyzed to provide a unique and invaluable insight into the exact timing of HIV infection and subsequent progress. The paper ⁽³⁵⁾ has been cited on ten identified occasions in the first five years since publication. It has proved to be one of the only published papers to chart the progress of patients before and after surgery.

The fourth area of work has been termed “Non-surgical aspects”. It covers much of the work involved in looking after these patients in the clinics and on the wards. In 1995, in Israel, we presented the findings of the post-operative analgesic requirements of haemophilia patients. It showed that the patients, probably through habituation, had need of much higher than normal analgesic requirements ^(39,40). The paper had two well-matched groups and was prepared for full publication. After a year away for review, the editorial board rejected it and left the authors deflated and unenthused.

Further presentations were given upon the problems associated with the compliance and attitudes of patients and families to treatment ⁽⁴¹⁻⁴⁶⁾. Our development of multi-disciplinary team working was presented at many meetings and culminated in a Counseling Guidelines paper published in 1997 ⁽⁴⁷⁾. My approach to the conservative management of bleeding joints was the subject of presentations and a paper in *Clinical Orthopaedics and Related Research* ⁽⁴⁸⁾, which gratifyingly appears to be cited frequently as an important contribution on the subject.

Finally as secretary and treasurer of the musculoskeletal group of the WFH between 1996 and 2000, I became very much involved in the many aspects of the organization of scientific meetings. Additionally, my work on Haemophilia and HIV had led to invitations to speak at meetings and undertake clinics both at home and abroad, including Switzerland, Spain, Ireland, America, India, Holland, Australia and Canada ⁽⁴⁹⁻⁵⁰⁾. I created the web site for the organization and encouraged electronic communication between members ⁽⁵¹⁾. I contributed papers on meeting reviews ⁽⁴⁰⁾ and co-edited a major symposium on the management of haemophilic synovitis ⁽⁵²⁻⁵³⁾. I was gratified to be the first recipient of the Henri Horoszwoski Prize for my scientific contribution at the Sydney meeting in 1999. It was with fond memories that I finished my official position within WFH in 2000 and submitted the JBJS paper ⁽³⁴⁾. My clinical work at Northampton had taken me away from daily contact with the haemophilia patients and I refused subsequent invitations to speak at meetings feeling that one’s clinical acumen and authority rapidly diminishes in the absence of regular clinical contact. However, I look back with considerable satisfaction over the ten-year period of involvement with the “Haemophilia World” and am grateful for the opportunities to participate in the clinical work, to meet with so many outstanding colleagues, and to participate in so many scientific meetings throughout the world.

➤ Infection, including HIV and Hepatitis

“If you poison us do we not die?”

William Shakespeare. *The Merchant of Venice* (1596-1598).

My clinical and research interests in orthopaedic infection and the transmission of viral infection began with my Fellowship at Harvard in 1987-88. My American experience coincided with the period of increasing awareness of the menace of HIV and its implications for safe orthopaedic practice (Nugent, and O’Connell, 1986; Robinson et al, 1987; Marcus et al, 1988; Duthie et al, 1988; Hagen et al, 1988).

The other compelling strand, pulling my interests in this direction, was my clinical caseload upon appointment as a Consultant at the Royal Free Hospital. Situated in Hampstead, the hospital looked after a large number of drug abusers and homosexuals. At the beginning of the 1990s, it became one of the principle London units for the treatment and research into HIV. The *Ian Charleston Centre* was

established to look after these patients. Additionally, the Haemophilia unit had a large number of HIV, Hepatitis B and C positive patients as outlined in the Haemophilia section.

The attitude of the surgical community towards HIV infected patients was largely negative in the late 1980s and early 1990s (Weidel et al, 1989; Gregg-Smith et al, 1993). At the time of recognition of the disease in the 1980s, the belief was that most of the infected patients would rapidly succumb to the disease and the prospect of surgery, particularly elective, seemed remote. By the early 1990s, it became clear that the natural course of the disease was more prolonged in many patients and the intervention of drugs was increasing survival further (Phillips et al, 1991; Phillips et al, 1992). Surgery such as joint replacements for arthritic joints, which had been postponed at the time of HIV diagnosis, needed reviewing. Many surgeons held the view that surgery carried an unacceptably high risk of deep infection and that the trauma of surgery would be detrimental affecting the patient's compromised immune system and hastening their demise (Gregg-Smith et al, 1993). However, the paper published in 1997 ⁽³⁶⁾ and discussed in the Haemophilia section (*vide supra*) did challenge this viewpoint and suggested that surgery was a feasible option in a great number of HIV positive patients.

Concern over transmitting HIV to staff was prevalent, particularly in orthopaedics where the use of chisels, drills and saws produces risks from direct injury and the aerosol of blood created around the surgical staff. Concerns were expressed over the potential legal position of surgeons who may opt for conservative treatment of orthopaedic conditions based on the balance of risk (personal communications to author, early 1990s).

My own personal vulnerability was emphasized to me when I cut myself at the beginning of a long procedure revising an infected knee replacement in an HIV positive haemophilic patient. Trying to concentrate for the next two hours during an operation wondering if you had inflicted upon yourself a fatal disease, coupled with the serial blood tests over the next six months, sharpened my focus on this problem.

Awareness of the willingness and experience of the RFH Surgical Departments to undertake "HIV surgery" led to a number of tertiary referrals from other units as well as the inevitable work generated "in-house". It seemed at the time that other surgeons were relieved to have another unit take these patients literally out of their hands!

Self-inflicted injury encouraged me to investigate the protective equipment available for surgeons. It had been appreciated that surgical staff were reluctant to admit to cutting themselves (Lowenfels, 1989) or to adopt protective equipment (Asante, 1993) and that the perforation of clothing, particularly gloves, was high during surgical procedures (Chiu et al, 1993; Sebold and Jordan, 1993). Our unit already used helmets and personal ventilation systems and I was invited to speak at home and abroad on the real risks for staff and the protection available. These meetings and the generally high profile that the unit had led to three articles, which were published in journals designed for Orthopaedic staff, hospital staff in general and employees of Orthopaedic companies ⁽⁵⁴⁻⁵⁶⁾.

In conjunction with my junior staff, the manual dexterity and sensibility of surgeons was tested using various surgical glove combinations designed to protect hands during surgery. The retained ability to undertake manual skills was surprising ⁽⁵⁷⁻⁶⁰⁾. The paper has been cited on a number of occasions although the unwillingness of the surgical community to forsake their normal latex gloves to don instead a pair of protectants resembling gardening gloves has not changed!

Within this section, my greatest regret is the failure to pursue to full publication the work on the incidence of HIV, Hepatitis B and C in admitted Trauma patients. The research was funded by the BOA Wishbone Appeal and aimed to establish the incidence of viral infection in these patients. Studies from abroad indicated that patients who sustained such injuries were far more likely to carry such viruses. In addition we investigated the ability of junior medical staff to correctly identify such patients from history taking. The work was presented at international meetings in Spain and New Zealand. It recognized the higher risk from Hepatitis C compared to HIV and at the time was the first work globally to combine HIV, Hepatitis B and C rates in the same Orthopaedic cohort. It has appeared in Abstract form⁽⁶¹⁻⁶²⁾ but not as a substantive paper. The data collection was not finished at the time of my departure from London to Northampton and the two registrars involved departed on Fellowships abroad. When it was finally submitted, the rejection cited the delay in presentation of the data and sadly the work must be regarded now as historical.

➤ Trauma and its sequelae

“The chapter of knowledge is a very short one, but the chapter of accidents is a very long one”.

Lord Chesterfield. Writer and Politician. 1753.

The treatment of injuries occupies approximately half of the working time of any practicing surgeon. Trauma remains the most common cause of death in children and young adults and its consequences place an enormous drain on our economy. All young Orthopaedic surgeons gain a considerable amount of their early surgical experience in the treatment of this group of patients. Inevitably, therefore, this subject tends to attract the early research interests of Orthopaedic practitioners.

Fractured necks of femurs represent an enormous medical, social and economic problem for our society (OPCS, 1987). The ability to predict outcome has been the subject of many research projects. As an SHO at Northwick Park hospital, I became involved in an exhaustive review of 107 patients to try and identify the critical surgical, medical and social factors most clearly identified with ultimate outcome. Unfortunately, during our period of final data analysis, a similar paper was published in the *Lancet* (Lawton et al, 1983). The combined authors decided that it was unlikely that the paper would be accepted in full and contented us with a letter to the *Lancet*⁽⁶³⁾ looking at the similarities and differences between the groups. On reflection, nearly two decades later, I feel that the data and conclusions within our paper merited separate full publication and feel an opportunity was lost to properly present our findings. My interest in predictive factors for outcomes in this common injury remains. I have followed the nursing professions development of pressure sore risk assessments since I feel that there are similar correlates with outcomes from femoral neck fractures. While reading one such article (Watkinson, 1997) in *Professional Nurse* that I entered into correspondence⁽⁶⁴⁾ over some concerns I had over the methods employed to assign scores to different criteria.

During my Registrar rotation, I co-authored a paper on the outcomes of two surgical techniques (Rao et al, 1983; Sarmiento and Williams, 1970) for the treatment of unstable hip fractures. This was a randomized, prospective study with a large group of patients. It was my first experience of organizing and overseeing such a project. Data collection and “coercing” colleagues into providing suitable patients was challenging and left me with the unshakeable and continuing belief that “nobody is

interested in their colleagues' research until it is finished". A cynical, but realistic view, that I have passed to junior colleagues leaving them in no doubt where responsibility lays for collecting data! The finished data supported the conclusion that the more surgically challenging procedure conferred no long-term benefit and was well received at a major American meeting ⁽⁶⁵⁾. The full paper was published in *Injury* and continues to be quoted in relevant subsequent research ⁽²⁾.

Two further contributions on hip surgery have been made and relate to the problem of hip dislocations.

In 1994, a paper was published in conjunction with two of my Registrars highlighting a possible design defect in a particular type of hip replacement. The paper was based on the experience of one patient but was deemed of sufficient interest by the *Journal of Arthroplasty* to merit inclusion ⁽⁶⁶⁾. The prosthesis was not one that I had used in my own practice but was at the time a popular choice for uncemented joint replacement surgery (Freeman, 1988).

In 1999, I contributed an article for *Clinical Orthopaedics and Related Research* on Traumatic Hip Dislocations. The article, written in conjunction with my Registrar, was based on personal clinical experience and literature review. It synthesized my views on the initial management of such injuries ⁽⁶⁷⁾.

During my Fellowship in Boston, a review was undertaken of the management of knee dislocations. This devastating injury is relatively rare and associated with a high degree of long-term disability and occasional requirement for amputation. I was aware that in 1969, a long-term review of such cases managed at the hospital had been published (Shields et al, 1969). With the increased awareness of the problems associated with these injuries, more sophisticated methods of investigations, including arteriography, and more advanced surgical techniques, I wondered whether the next two decades had shown an improvement in prognosis. I embarked upon the review with the aid of two American colleagues. The incidence of such injuries, even for a major institution, was between 1-2 cases per year. The paper was given at the premier American Meeting, the "Academy" and abstracted ⁽⁶⁸⁾. The paper showed a diminution in amputation rates and improved function with early surgical intervention. However, upon my return to England, the paper failed to progress to a full draft for submission despite frequent requests to the senior author. Regrettably, another excellent paper, for which the hard data gathering aspects had been achieved, foundered because of time restraints and "medical mobility"!

Similar comments could be made for the research project on the use of the Orthofix fixator in the treatment of tibial diaphyseal fractures. During my Sheffield Fellowship, I reviewed personally 120 patients treated with the aforementioned fixator. The patients were treated by a heterogenous group of surgeons in terms of experience and surgical interests. The results were less than encouraging and did not match previous results from other centres (DeBastiani et al, 1984). It indicated a frequent lack of understanding of certain technical principles and the requisites of follow-up care. The paper was presented at the BOA meeting and was greeted less than ecstatically by the manufacturers. My return to London to commence Consultant duties coincided with the end of the data collection. A full paper on the subject might have seemed overtly critical of my hosts in Sheffield and I was not sure whether the shortcomings of the technique were operator or equipment-dependent. A published half-page abstract ⁽⁶⁹⁾ gave sufficient warning of the potential problems of the technique and the paper was not completed fully.

Shoulder dislocation is one of the more common injuries presenting to Casualty departments. Initial treatment consists of reduction, immobilization and then

rehabilitation. The risk of recurrence is high in the young patient (Hovelius, 1987) and conventional teaching believes that with each subsequent dislocation more damage is caused to the joint and surrounding soft-tissue. Eventually, surgical stabilization has been advocated (Rowe, 1978).

As a Registrar at Northwick Park hospital, I was interested in the pathology created after the first such dislocation. A previous paper on dislocations in epilepsy had increased my reading of the published literature⁽³⁾. Making use of new imaging techniques, in the form of computerized arthrotomography, we prospectively recruited a large cohort of patients.

The work was presented in Britain and America⁽⁷⁰⁻⁷¹⁾. It subsequently appeared in the British Journal of Bone and Joint Surgery⁽⁷²⁾ and has received many subsequent citations including referencing in two major textbooks. This work has contributed to the improvement in our knowledge of the significant damage sustained early in this condition. In the last decade there has been an increasing trend towards earlier intervention (often arthroscopic), particularly for athletes, following such injuries (Romeo et al, 2001).

During my year in Boston, I enjoyed a clinical attachment with the upper limb surgeon, Dr. Jesse Jupiter. We undertook a review of the series of specific fracture dislocations of the elbow and forearm, commonly known as posterior Monteggia lesions (Monteggia, 1813) treated in the unit. The injury forms one of several recognized patterns of injury (Bado, 1967), which is at once both complex and unstable. A review of the pattern of assessment and surgical fixation was described, which we felt optimized functional recovery. Having been presented at a national meeting in California, the paper was published in the *Journal of Orthopaedic Trauma*⁽⁷³⁾.

In 1998, I contributed an article to *Clinical Orthopaedics and Related Research* symposium on Proximal Humeral Fractures⁽⁷⁴⁾. Once again I undertook the article in conjunction with junior staff on my unit combining received wisdom from the published literature (Neer, 1970 Part I; Neer, 1970 Part II) with the units own specific management policies and surgical preferences. I was delighted to see that despite the relatively short time since publication that the work has been cited in a number of articles from several different countries.

As an Orthopaedic Registrar at Wexham Park, Slough, between 1985 and 1986, I was asked to assess and treat many patients suffering from severe epilepsy. The patients lived at the nearby Chalfont Centre for Epilepsy, which was established in 1893, and was the home for 400 residents. The patients presented principally with problems relating to trauma from fits, but also injuries sustained during normal activities and Orthopaedic problems relating to Metabolic Bone Disorders caused by their medication (Richens and Rowe, 1970; O'Hara et al, 1980).

My first piece of work relating to the epileptics was a Case Report on Bilateral Shoulder Dislocations⁽³⁾. The work has been cited on several occasions including one of the most authoritative Orthopaedic textbooks.

A colleague, Geoff Taylor, and myself, visited the Centre and discovered that the medical records of these patients were expertly recorded and catalogued. We reviewed 4521 patient-years of medical records with regard to fit patterns, medication, Orthopaedic pathology and Injury trends. The data collection took over a year and I took the raw material with me to Boston in 1987. During the course of that year, I analyzed the results and it subsequently formed a substantial part of my M.Ch.Orth thesis successfully presented at the University of Liverpool in 1990.

The original data considered many aspects of the problems faced by epileptics with regard to Orthopaedic problems. In the early 1990s, I revisited the data with a Registrar, and looked specifically at the prevalence of five common fractures, which was subsequently presented ⁽⁷⁵⁾ and published in *Injury* ^(4,76). This work has been cited in many subsequent publications, including North American, Scandinavian and Australasian research. It has been reviewed from workers looking at metabolic bone problems and the “hidden” economic costs of suffering from epilepsy.

In 1990, I spent a six-month Fellowship in Sheffield working in the Limb Reconstruction unit of Michael Saleh. As a Harvard Fellow and Senior Registrar at the Middlesex I had used uniaxial and circular frames for a variety of disorders and wished to increase my experience and education.

The clinical work was supplemented by research time. One of the projects on Orthofix fixators in tibial fractures has already been dealt with earlier in this Trauma section ⁽⁶⁹⁾.

I reviewed the outcomes of the unit’s fracture non-union work. I attempted to identify patterns from a heterogeneous group of patients and look at outcomes in comparison to other earlier works using less sophisticated methods of treatment (Boyd et al, 1961). The result, presented and published in the *International Journal of Orthopaedic Trauma*, attempted to lay down principles of investigation, planning and surgery ⁽⁷⁷⁾. In my Consultant career, I have attempted to adhere to these principles in my management of patients.

Research from this attachment led to the presentation of the use of the Ilizarov technique at the BOA, which was subsequently abstracted ⁽⁷⁸⁾. In 1991, this was still a relatively innovatory technique in the United Kingdom. The cohort of patients was so diverse that a full paper was difficult to produce, but the presentation at the main national meeting helped in the dissemination of the indications for this surgery. The technique has increased in use throughout the 1990s in this country. The abstract represents only the second account (the first being Grill and Franke, 1987), in abstract or full paper format, to appear in the *JBJS(B)* of the use of this technique, which is practiced now in the majority of acute hospitals in this country.

A further report appeared from this Fellowship on the use of Bundle Nailing to treat distal radius non-unions ⁽⁷⁹⁾.

The use of the Papineau technique for the treatment of infected long bone non-unions was surgery I had been introduced to myself in 1985 (Papineau, 1973). However, the Sheffield unit had refined the technique further in conjunction with the use of circular frames. In 1991, I was asked to speak at the combined meeting of the BOA and our Plastic Surgical colleagues on the indications and performance of this technique. Subsequently, the Sheffield and Royal Free units pooled patients to produce a small series on this surgical procedure, which was published in *Injury* ⁽⁸⁰⁾.

The six-month Fellowship was very productive in terms of both clinical and research output. It defined to a great extent my clinical practice at the Royal Free with the establishment of limb reconstruction clinics. My interest in the subject has led to invitations to speak at meetings on non-union treatment, bone grafting and external fixator surgery. I was invited to join the Ilizarov faculty for teaching programmes and established my own External Fixator course for Registrars and Consultants at the Royal National Orthopaedic Hospital in London.

The management of acute soft-tissue knee injuries was a particular interest of Mr. Allum at Wexham Park Hospital during my Registrar attachment in 1985-1986 (Wilson et al, 1987; Jones and Allum, 1989). He had developed a rapid access assessment and treatment pathway for such problems. As a result of this experience,

we co-authored an article on the Management of the Acutely Injured Swollen Knee in the *Sports Medicine and Soft Tissue Trauma* publication in 1990 ⁽⁵⁾, which has served as a model for my own treatment of these problems since. During the same appointment, I wrote a paper on the problem of simultaneous bilateral quadriceps tendon ruptures of the knee ⁽⁶⁾. This was based on a patient with a delayed diagnosis from abroad. A literature review confirmed how frequently these injuries were initially misdiagnosed (Steiner and Palmer, 1949; MacEachern and Plewes, 1984). It has proved of sufficient interest to be cited on a number of further occasions.

A further paper on lower limb soft-tissue injuries was published in 1998. It described an acute anterior and peroneal compartment syndrome induced by a soccer match without known trauma ⁽⁸¹⁾. Acute presentations after significant injury are well recognized as are chronic problems following exercise. However, this problem fell between the two usual recognized presentations.

Whiplash injuries affecting the cervical and upper thoracic spine are an extremely common problem particularly following rear impact road traffic accidents. Patients with such injuries account for a large amount of consultation time for General Practitioners, hospital Consultants, Physiotherapists, and the legal profession for compensation (Gargan and Bannister, 1990; Bannister and Gargan, 1993). However, the underlying pathology remains poorly elucidated.

Accordingly, while a Consultant at the Royal Free, a project was established to MRI scan a group of patients within days of the injury. Patients were carefully screened to ensure no significant pre-morbid pathology. However, even this most modern and sensitive form of imaging failed to reveal a significant, consistent lesion. The findings were presented at an international finding and abstracted ⁽⁸²⁻⁸³⁾, but the negative message of the study failed to find favour with an appropriate journal.

➤ General Surgery and Orthopaedics

"Civilization advances by extending the number of important operations which we can perform without thinking about them".

Alfred North Whitehead. English Philosopher and Mathematician.
Introduction to Mathematics. 1911.

For all Orthopaedic Surgeons in the United Kingdom, an initial period of training in General Medicine and Surgery is required. From my House Officer and Senior House Officer (SHO) positions emerged two Case Report publications. My first publication began preparation during my pre-registration year ⁽¹⁾ and the second paper arose during my SHO training at Northwick Park, Harrow. An unusual complication of a common treatment for haemorrhoids was published in an American journal ⁽⁸⁴⁾. Subsequent citation searching has revealed that it has been quoted on eleven subsequent occasions spanning a fourteen-year period.

My interest in the management of bone tumours began during my Fellowship at Harvard (1997-1998). Compared to tumours in other parts of the body, neoplasms of the musculoskeletal system are relatively rare, especially those of the malignant variety. Even in the United States of America, management is concentrated in relatively few centers. Professor Henry Mankin was head of the large Orthopaedic Unit at Massachusetts General Hospital and led an impressive clinical and research group devoted to the care of patients with various forms of bone tumours. The two major centers in U.S.A. during the 1980s were Boston and Gainesville, Florida

(Enneking et al, 1980). Mankin's unit had pioneered the technique of wide resection of malignant bone segments and replacement by "massive allografts" (Mankin et al, 1987). The latter were "harvested" from recently deceased patients in a similar fashion to other organs, such as hearts, lungs, kidneys and livers. A clinical highlight of my Fellowship was occasional membership of the "retrieval team". I became interested in the methods of sterilisation and preservation of such large bone grafts and the methods of minimizing cross-infection to recipients (Tomford et al, 1997). The latter was a topical problem as my time in Boston coincided with a large increase in awareness of HIV and concern over its transmission in bodily tissue, including allograft bone (Centers for Disease Control, 1988; Simonds et al, 1992; Tomford et al, 1995).

Accordingly, I requested the opportunity to review a subgroup of these bone tumours and study the outcome following resection of Parosteal Osteosarcomas and replacement by allografts. This was a relatively small group that I was able to review and presented the results at the 1988 Oxford British Orthopaedic Association Meeting. I believe that this was the first massive allograft paper read at a BOA meeting for the treatment of any malignant bone tumour. The paper was subsequently abstracted in the *JBJS* ⁽⁸⁵⁾.

My research work within the unit (see Trauma section as well), in conjunction with my clinical work, played a major part in securing my appointment as Senior Registrar in London because of the strong personal support for my application from Professor Mankin. However, the research failed to progress to full paper publication. Having returned to clinical work in London in 1998, there were inevitable difficulties corresponding. The conclusions of the work, albeit a small cohort, revealed problems with deep infection, non-union, fractures and recurrences. My final manuscript, when delivered to Boston, did not receive "approval" and without the support of the senior surgeon was unable to progress. It was a salutary lesson in the unwillingness of senior surgeons to have papers published with a "negative message" and an insight into the competitive nature of American research.

My return to London delivered me into the Middlesex Senior Registrar rotation. The head of department was Sir Rodney Sweetnam who led one of only two supra-regional bone tumour units in the country. The contrasting philosophies between the two units in their treatment of bone tumour treatment were revealing. Whereas Boston replaced excised neoplastic bone with allograft, London used prostheses. As in many spheres of life, the reasons for the difference were expediency and opportunity. In London, the Musculoskeletal Engineering Department at Stanmore had developed the expertise to design and manufacture custom-built prostheses to the highest standard (Ross et al, 1987; Scales and Sneath, 1987).

During my period at the Middlesex, I reviewed with a colleague the outcomes of treatment for pelvic chondrosarcomas and presented the work at the BOA in 1990 ⁽⁸⁶⁾. The series was of a reasonable size, adequate follow-up, and with important messages in terms of resectability of such tumours. Once again, however, the paper did not reach the stage of submission for full publication. The paper did not founder this time for reasons of "surgical sensitivities", but the more practical problems that both authors were preparing to sit their "exit examinations" at the end of training and I was undertaking my Fellowship in Sheffield prior to commencing my Consultancy at the Royal Free.

Since 1996, Foot and Ankle surgery has become my principle clinical interest. As in any branch of surgery, the production of a sterile field in which to operate is of paramount importance. Thorough cleaning of digits requires care and I have always

advocated the use of a rolled gauze swab stretched between two artery clips for cleaning the interdigital spaces.

In 1998, reading of the *American Foot and Ankle International* revealed a paper on the surgical preparation of feet (Zacharias et al, 1998). I felt it to be a small study with conclusions based on dubious statistical analysis. Accordingly, I designed with my junior staff a prospective study looking at different methods of skin preparation. The work was aided by excellent cooperation from the Microbiology department at Northampton. The work was presented at the BOA ⁽⁸⁷⁾ and published in the aforementioned journal ⁽⁸⁸⁾. The positive results for interdigital cleaning have altered the practice of the Orthopaedic unit at Northampton and hopefully reduced the incidence of post-operative infections in patients.

Hand surgery is an important sub-specialty of Orthopaedics and Plastic Surgery. My contribution to its literature was in the form of a Case Report on Kienbock's disease (Peste, 1843; Kienbock, 1910) arising from my time at Wexham Park as a Registrar. A high index of suspicion relating to the unusual presenting features of a condition later confirmed by a literature review produced an article for the *Journal of Hand Surgery* ⁽⁷⁾. Five subsequent papers have quoted the reference over the fourteen years since publication.

Knee surgery has remained a keen interest of mine throughout my training and subsequent Consultant career. My outside sporting pursuits and degree in Biomechanics and Exercise Physiology inevitably increased my interest in this field. In my first Orthopaedic Registrar position, I worked with Robin Allum, who had developed a large knee practice. In 1985, Day Case surgery for knee procedures was still in its infancy (Rosenberg and Wong, 1982; Hall, 1985) and Mr. Allum and I myself embarked upon a paper on the outcomes of Day Case Arthroscopic procedures. The paper was presented at the British Association for Surgery of the Knee ⁽⁸⁹⁾ and published as a paper in the *Annals of the Royal College of Surgery* ⁽⁸⁾. Its findings are still being cited twelve years after publication. Today, virtually all arthroscopies are undertaken as Day Cases, and it is interesting to reflect that only sixteen years ago, the technique merited publication as a relatively new innovation. One complication was noted in that paper of infection following the use of intra-articular steroids at the time of surgery. The practice was quite common then. In 1989 and 1999, papers have appeared quoting our own work and deprecating this practice, which is relatively unusual now.

OVERVIEW OF PUBLISHING CAREER

"Publish your message in the open face of the sun and do all the good you can".

John Wesley. English Preacher. 1773.

In Appendix IV, publications have been arranged according to type and their relationship to career appointments. This form of presentation is revealing in several different ways. The division of papers according to type indicates a wide spectrum of publications. The Research Trail section of this overview has already looked in detail at each subject grouping and the details of contained work.

An independent assessment of the "scientific value" placed upon a piece of work by subsequent researchers in the same field is the number of citations it has received. Appendix I contains the details of 168 identified citations from various scientific journals and texts from the date of my first publication to the present day. Appendix I contains details of the methods employed to gather the data and caveats

regarding the comprehensiveness of any such survey and restrictions on interpretations.

A distinction has been made between subsequent “auto-citations” by authors of the original paper and “3rd party” citations. The latter is most important in terms of judging the impact that my publications have had on subsequent researchers and their own work. A breakdown of 3rd party citations in terms of the nationality of the first author reveals my work has been quoted from 19 separate countries. This number includes 14 countries where English is not the main language representing 43% of all citations.

Clearly the longer a particular paper has been in the public domain the more likely is it to attract a greater number of citations. It is interesting to note that the paper on Sclerotherapy in Haemorrhoids was still attracting citations sixteen years after publication. The immediacy index, which is discussed in the introduction to Appendix I, is an indicator of the speed with which a particular journal’s average paper finds itself subsequently cited. In Orthopaedic journals, the lag time between submission of a paper, revisions, final acceptance and final publication often extends over many months or even years. Consequently, citations of a particular paper may not arise for at least one to two years after the original. Review of the thirteen publications of various types since January 2000, e.g. papers, invited articles, proceedings, etc, indicate that they have thus far attracted cumulatively only three citations. This compares with 165 citations for the other 80 publications prior to 2000.

Review of the citations reveals that to the best of my knowledge my work has not generated significant controversy or been refuted by subsequent work. The only area of controversy appears to have arisen in connection with the issue of infection following surgery in HIV positive haemophilic patients⁽³⁰⁾. This has been dealt with in the section on Haemophilia research. It would appear that in Orthopaedic publications, the majority of citations are used to support the work of the presenting authors.

As anticipated, my publishing career began, as for many, with Case Reports usually accompanied by Literature reviews. These have served as excellent introductions to the process of paper preparation. The process is repeated as a Consultant when you in turn introduce junior staff to the preparation and submissions of publications.

The citation count for the nine Case Report publications in the list provided interesting results. Cumulatively, they attracted 33 citations, an average of 3.67 per report with one paper providing eleven subsequent citations alone. Colleagues and elements within the scientific community often deride Case Reports. Indeed, some Journals have reduced the number of Case Reports that they are prepared to include. However, it would seem that Reports of unusual complications often related to common problems prove of interest to subsequent authors, especially if those Reports are combined with comprehensive reviews of the literature.

Retrospective and Prospective Clinical papers began from the moment I commenced Senior House Officer Orthopaedic duties. They have continued until the present day. Retrospective studies tend to dominate the bibliography and reflect the fact that pre-Consultant appointments extend to between six and twelve months each. Realism as to what is achievable during such placements determines the scale and type of project embarked upon. The most common reason for failure to convert compiled data to full papers is “medical mobility”.

Eight major publications based on retrospective reviews of clinical subjects attracted 41 citations with an average of 5.1 per paper and a maximum of 12 for one

paper. Three major prospective publications on clinical work attracted 18 citations, an average of 6.00 per publication. The two major papers involving some form of laboratory analysis – respectively motor and sensory testing and a gait laboratory – attracted 11 citations, an average 5.5 citations per paper. Not surprisingly abstracts, published meeting proceedings, invited articles and book chapters tend to attract fewer citations. Letters published in journals in reply to earlier publications usually attract little subsequent recognition in terms of citations. However, one letter written from the Royal Free Hospital Haemophilia unit in response to a paper from its “sister unit” at Oxford not only attracted a robust reply and a cooling of relations between the units for a short period but also attracted nine subsequent citations! Published abstracts in journals and proceedings of meetings are included where the research presented has been submitted to the scientific committee of the meeting’s organizers. Such abstracts can act as the initial presentation of a research project⁽³⁰⁾, which may go on to later publication as a paper – often with deletions and additions which have arisen as a result of comments made by the delegates at the meeting⁽³⁴⁾.

To date the period of most intense original research activity was between 1987 and 1996 coinciding with Fellowships, Senior Registrar and teaching hospital consultant positions. Compiling the data in this fashion indicated to me that during my period as a Consultant at Northampton I had entered into a new phase of “publication life”. This included completing a group of projects commenced at the Royal Free, but involving a large group of invited articles and chapters, which follow on from a publishing reputation in certain fields – principally Haemophilia and HIV. Additionally, there are certain types of publications such as Clinical Guidelines and Editorships, which tend to be the preserve of established Consultants.

The data depiction also indicated the latency between commencing innovative clinical work, gathering data, presentation, publication and subsequent “identification” as a “source of knowledge”!

A review of my publication portfolio reveals a number of different methods of statistical analysis used in the interpretation of collected data.

Examples of different methods are given in Appendix III. A review of this table demonstrates the use of standard, frequently used formats, such as t-tests and Chi-squared tables. However, it includes additionally analytical forms of a more unusual nature, which reflects the difficulties and unusual nature of some of the data being handled - for example the AIDS conversion and death rates in the HIV surgery paper⁽³⁶⁾.

At this juncture I should confess to my own lack of expertise in matters arithmetic and collectively pay tribute to fellow authors and colleagues who have advised and helped with statistical applications, especially, Mark Phillips, Caroline Sabin and Richard Morris.

An overview of a publishing career detailing only those works which reached full publication would inevitably detail only part of one’s total career to date in researching and writing. Appendix II tabulates research ventures embarked upon and which have reached the stage of presentation and/or publication as an abstract or proceedings, but failed to progress to full publication.

A less than 100% conversion rate from germ of idea to full scientific publication is inevitable adhering to the maxim “*nothing ventured, nothing gained*”. However, review of the table reveals the major culprits – best described as “medical mobility” closely followed by “Consultant contentment”. The structure of junior medical training has young doctors criss-crossing the country every six or twelve months taking with them invaluable clinical experience but often leaving behind

partially completed research. Good intentions to complete the work from both the departee and remaining staff are expressed. However, the reality of a new appointment and commitments coupled with the previous Consultant's loss of the team member with the original commitment and project knowledge is the death knell for many well-designed and eminently publishable works^(22,23,26,61,62,68,86).

Other reasons to progress include the inability to determine difference or display change^(82,83), another similar paper published on the same subject ahead of one's own submission⁽⁶³⁾ and, more pertinently, the project's conclusion providing unpalatable truths about treatment methods^(69,85). For such neutral or negative messages it is harder to find favour with editorial boards and one's senior colleagues.

CONCLUSIONS

"And gladly wolde he lerne and gladly teche".

Geoffrey Chaucer (1343-1400). *The Canterbury Tales. The General Prologue.*

Submission of a body of work for consideration for PhD by Publication is inevitably different to that submitted for a PhD by thesis. The work has been produced over a greatly more extended period and the work reviewed by peers on various scientific committees prior to presentation and/or publication. Additionally, the publications have been published in advance of submission and it is possible to begin to judge their impact on their own subject area.

Bringing together the various publications over the last twenty-two years has been at once both enjoyable and instructive. At various times during one's medical career, a number of different research interests may be maintained and developed. At this juncture in time, it has been interesting to reflect on the connecting strands between projects and importantly how one's clinical work has influenced the publications and *vice versa*. Such connections and influences are frequently only obvious retrospectively.

The total body of work presented for consideration for a doctorate has been demonstrated to represent a catholic opus. This is reflected in terms of subject matter, publication type, differing methodology and statistical methods of analysis employed.

Others must be left to judge whether the quality and quantity of work presented represents a suitable attainment of doctoral status. The employment of citations to view the reception of your work by others in similar fields has been illuminating. It has been gratifying to observe how widespread the work has been reviewed and deemed suitable for referencing in subsequent work – especially by researchers from non-English speaking countries. Additionally, it has been pleasing to observe the inclusion of my work in not only journals but also major reference texts for other surgeons.

Appendix IV, which has arranged the publications according to type and career relationship, has presented the various stages of my publishing career. The metamorphosis from tyro researcher presenting Case Reports, through main authorship on substantial clinical publications, until one reaches the career position whereby invitations are received to provide important overviews on one's specialty interests is well-illustrated. Undoubtedly the areas of Haemophilia and Infection are those subject areas I regard as my most important contributions. I have enjoyed contributing chapters to Orthopaedic textbooks on surgery in Haemophilia^(90,91) as a result of my combined clinical and publishing experience. I have also enjoyed being regarded by such august bodies as the Lancet, the Royal College of Surgeons and the

Journal of Bone and Joint Surgery as having attained sufficient status to act as a referee for submitted publications and research grants.

Other invitations, deriving from my combined clinical and research interests⁽⁸⁵⁾ have included an invitation to become a member of the BOA Committee on the Collection and Storage of Bone Allografts in the United Kingdom in 1992⁽⁹²⁾. The publication was the first report governing this process within the United Kingdom and an early example of the spectre of Clinical Governance permeating Orthopaedic Surgery.

Publishing and clinical experience leads to invitations to contribute to journals apart from the normal scientific milieu. As a result, I was invited in 1997 to contribute an article to the large circulation populist periodical *FHM* on skiing injuries⁽⁹³⁾.

A desire to ensure an appropriate level of educational material for junior surgeons in training led to my appointment in 1998 at the Royal College of Surgeons. Between 1998-2001, I worked for the Raven Department of Education as the General Editor for the new STEP course (Surgeons in Training Education Programme). This was the distance-learning course for all Basic Surgical Trainees in all specialties. I redesigned, commissioned, contributed and edited the 4,500-page project, which will form the syllabus for up to 500-600 doctors at any one time in this country. I was determined to introduce into the syllabus subject areas such as basic statistics, critical reading of the scientific literature, design of research projects, and an appreciation of the correct propriety in conducting such work⁽⁹⁴⁾.

Hopefully, this representation of my work from 1980-2002, will act as an important intermediate point of reflection rather than an epitaph of my total research career. While my own present clinical position and interests indicates that future personal research avenues will move away from Haemophilia and HIV, I trust that some of the areas to which I have contributed, particularly HIV and surgical interventions, will continue to interest subsequent workers. In the future, I intend to concentrate on areas of present clinical interests, particularly sports injuries and foot and ankle surgery. Additionally, I would like to develop further my interests in the evaluation of surgical education and training for junior doctors, which is particularly topical with the continuing changes in the pattern of doctors' working lives and opportunities for acquisition of practical skills when political expediency and medico-legal issues demand a shift from a Consultant-led to a Consultant-based service.

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APPENDIX I

BIBLIOGRAPHY CITATIONS

“Next to the originator of a good line is the first quoter of it”
Ralph Waldo Emerson. *Letters and Social Aims*. 1876.

WJ Ribbans
Ph.D. by Publication.

INTRODUCTION

An independent indication of the impact of a piece of published research is the number of subsequent citations it has received.

A **citation** can be considered to be a reference published within a learned journal or book.

The total number of citations for a given publication is termed the **citation count**. It is an indication of the intellectual debt owed by later pieces of research to an earlier body of work. The citation counts can be seen as units of influence or impact on later developments.

The identification of citations for each publication can be undertaken in a number of different ways:

- Personal knowledge of citations identified from one's own subsequent reading of the literature.
- Painstaking searching through journals and texts deemed most probable to contain relevant citations.
- Searching with the aid of a **citation index**. This is bibliographic tool of references kept in print or electronic format. Each index will have different criteria for inclusion of references, most critically the spectrum of sources included. For the purpose of this submission, an electronic citation index called "**DataStar**" was used.

The latter route proved to be the most efficient and productive method of citation identification. However, several *caveats* need to be made. The index is not necessarily exhaustive in its identification of citations. This is because not all published journals are catalogued. Additionally, several errors were identified in the electronic printouts received. The author's work was wrongly credited to references on unrelated publications. On each occasion, further enquiry revealed that the author's work had been inserted at the expense of another author's work published within the same year, sometimes with a closely related surname(s), but containing totally unrelated subject matter. One must assume that the same process has occurred in reverse and, thus, not all citations have been identified by this electronic process. Equally, citation indices do not reference citations used in scientific books. Additionally, further citations were found in indexed journals, which did not appear in the computer search.

Another indication of the level of "academic worthiness" of a piece of research is the perceived standing of the journal, which accepts it for publication. However, this assumes that the author(s) submits the research manuscript initially to the highest regarded journal available and resubmits to successively lower ranked journals until finally accepted! Clearly this is not the case and generally the author(s) will submit the manuscript to the most appropriate journal for the subject matter regardless of the ranking – indeed, it is unlikely that many authors are able to accurately rank journals according to their relative impact factors or immediacy indices.

However, a journal's impact factor and immediacy index is available and can be used to gauge the original publication and the effect it has had on subsequent work viewed through the number of citations and journals within which those citations appear.

The **impact factor** is a measure of the frequency with which the "average article" in a given journal has been cited in a particular year. It is a ratio between citations and citable items published. More precisely, it divides the number of all

citations in the Science Citation Index (SCI) source journals over a two-year period by the total number of source items within a particular journal found within the SCI.

However, ISI (The Institute for Scientific Information found at www.isinet.com) stresses that “a journal’s impact factor is a meaningful indicator only when considered in the context of similar journals covering a single field of investigation or subject discipline”. Thus, in the field of Orthopaedic Surgery, there is a group of internationally recognized journals, for example, the *British and American Journals of Bone and Joint Surgery* and *Clinical Orthopaedics and Related Research* with Impact Factors in excess of 1.0. These three journals will cover the entire spectrum of the profession. Conversely, there are a number of other journals covering surgical sub-specialty interests, e.g. *Injury*, *Foot and Ankle International*, and the *Journal of Hand Surgery*, with a smaller potential readership and impact factors <1.0.

Additionally, there are a number of journals not found within the SCI source journals. This may be because the journal is relatively new and is not indexed until its “scientific worth” has become established and its articles become sufficiently cited to warrant inclusion within the Index. The journal *Haemophilia*, first launched in 1995, and one of the journals found on several occasions within my bibliography is an example of this. Once found within the Index its increasing influence can be judged by its rising Impact Factor – 0.748 in 1999 and 1.408 in 2000 (*Journal Citation Reports*). Equally there a number of journals not included within the SCI because they do not meet the criteria for inclusion despite a relatively long publication history.

ISI urges caution in the use of the Impact Factor alone in assessing the usefulness of a journal.

- Some journals discourage large numbers of references attached to any research article
- Review articles are generally cited more frequently than typical research articles as they bring together, in a synopsis, the better previous work in a particular field.
- Some scientific fields tend to traditionally include a much greater number of citations for a research article than other areas.

One of the most surprising outcomes of my own review was the number of citations attached to Case Reports. The latter tend to be derided on occasions by scientists as of being of dubious value, but clearly they do serve to inform colleagues about unusual aspects of particular problems.

The **immediacy index** is an indicator of the speed with which citations to a specific journal appear in later literature. ISI states that this “information is useful in determining which journals are publishing in emerging areas of research”. It is calculated by taking the average number of times that an article published within a specific year within a specific journal is cited over the course of that same year.

During my own review, I have been aware of the fact that either myself or a fellow author have on occasions cited previous work of our own. This is natural process as one’s own research progresses and develops. However, I have divided subsequent citations in the summary into **auto-citations** and **3rd party citations**. Additionally, I have divided in the summary the number of citations in journals and books, and for 3rd party citations the **nationality source of the first listed authors** as another indication of the dispersal my published work.

SUMMARY

Total identified citations: 168

128 in journals

40 in book chapters

Type of Citation	Journals	Book Chapters
"Auto-citation"	20	16
"3 rd party citation"	108	24

Nationality of 1st authors in "3rd party citations"

Country	Citations	Country	Citations
United Kingdom	41	Argentina	1
USA	25	Denmark	1
Spain	18	Finland	1
France	12	India	1
Germany	10	Israel	1
Australia	5	Japan	1
Canada	5	Jamaica	1
Holland	3	Saudi Arabia	1
Poland	2	Sweden	1
Switzerland	2		

Key:

A	Abstract published
BOA	British Orthopaedic Association Publication
Ch	Book Chapter
Ed	Editorial
Edit	Editor of Book or similar publication
IA	Invited article
L	Letter in Medical Journal
P	Published Scientific Paper in refereed scientific journal
Pa	Papers accepted for publication in refereed scientific journal
Proc	Podium Presentations published in Scientific Meeting Proceedings
SA	Article submitted to Journal

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❖ Haemophilia

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APPENDIX II

“FAILURE TO PROGRESS” PROJECTS SUMMARY

**WJ Ribbans
Ph.D. by Publication.**

RESEARCH PROJECTS FAILURE TO CONVERT INTO FULL PUBLICATIONS

SECTION	TOPIC	STARTED	ABSTRACT OR PROCEEDINGS	COMMENTS
Bone Tumours	Parosteal Osteosarcoma	1987	1989	USA paper. Problems liaising with American colleagues
	Pelvic Chondrosarcomas	1990	1991	Moved onto Sheffield; Exams and Consultant position
Haemophilia	Economics of TKR	1993	1993; 1994	Trying to update paper for publication
	Total Knee Replacement	1993	1994; 1999; 2000	Merged into HIV and infection paper (2001)
	Post-operative Analgesia	1994	1995	Turned down for publication and not re-submitted
	Anterior Ankle Osteophytes	1995	1996	Tried to recruit patients from other centres - failed
	Compliance with Home Treatment	1995	1996	Designed for presentation at World Haemophilia Meeting
	Survey of Attitudes	1995	1996	Designed for presentation at World Haemophilia Meeting
	Elbow Arthropathy	1995	1996; 1997	Moved to Northampton before completed
	Prevalence of HIV and Hepatitis	1994	1997; 2000	Various authors moved positions; Initial paper rejected
	Ilizarov Technique	1990	1991	Various authors moved positions
	Limb Reconstruction	1990	1991	Various authors moved positions
Soft-tissue Disorders	Whiplash and MRI	1994	1995; 1996	Turned down for publication and not re-submitted
Trauma	Age and Femoral Neck Fractures	1983	1984	Another similar paper published ahead - hence Letter
	Knee Dislocations	1987	1989	USA paper. Problems liaising with American colleagues
	Orthofix for Tibial Fractures	1990	1991	Left Sheffield for Consultant position

"Full many a flower is born to blush unseen, and waste its sweetness unseen on the desert air".
Thomas Grey.

APPENDIX III

FORMS OF STATISTICAL ANALYSIS USED IN PUBLICATIONS

**WJ Ribbans
Ph.D. by Publication.**

FORMS OF STATISTICAL ANALYSIS USED IN PUBLICATIONS

“There are three kinds of lies: lies, damned lies and statistics” .

Attributed to Benjamin Disraeli. In Mark Twain “Autobiography”. 1924.

Data Type	Choice of Statistical Analysis	Examples
Qualitative: Proportions	Chi-squared test	<ul style="list-style-type: none"> ➤ Fractures in Epilepsy ➤ Age and Femoral Neck Fractures
	Fischer’s test	<ul style="list-style-type: none"> ➤ Treatment of Intertrochanteric Fractures ➤ Bacterial Recolonization
Qualitative: Relationships	Chi-squared test	
	Cox’s Proportional Hazards model	<ul style="list-style-type: none"> ➤ Surgery in Haemophilic patients with HIV – survival
Quantitative: Comparing two means	Mann-Whitney Test	<ul style="list-style-type: none"> ➤ Bacterial Recolonization
	Student’s t-test	<ul style="list-style-type: none"> ➤ Protective Gloves ➤ HIV Haemophilia joint replacement study
Quantitative: Relationships	Spearman’s Rank Correlation Coefficient	<ul style="list-style-type: none"> ➤ Ankle scoring systems in Haemophilia
	Linear Regression – Signed Ranks test	<ul style="list-style-type: none"> ➤ Surgery in Haemophilic patients with HIV – CD4 count decline
Survivorship Analysis	Tew and Waugh method	<ul style="list-style-type: none"> ➤ HIV Haemophilia joint replacement study

APPENDIX IV

PUBLICATION TYPE AND RELATIONSHIP TO CAREER APPOINTMENTS

**WJ Ribbans
Ph.D. by Publication.**

PUBLICATION TYPE AND RELATIONSHIP TO CAREER APPOINTMENTS

In this Appendix, I have chosen to review my publications in several ways:

- Full works arranged according to the medical position I held during the active gathering of data and manuscript preparation. It identifies particularly fruitful periods and indicates the time delay from initiation to publication.
- Identification of those projects commenced and which reached the position of formal presentation at a peer-reviewed scientific meeting and/or abstract publication.
- Division of papers according to type:
 - Case Reports – with or without literature reviews
 - Clinical Guidelines publications from Scientific Committee deliberations
 - Retrospective Review of Clinical Treatments
 - Prospective studies of Clinical work
 - Monographs, including invited articles and chapters
 - Audit projects
 - Book editor
 - “Laboratory based” projects
 - Multi-centre clinical studies

Career Status	Case Reports with(out) Literature Review	Clinical Guidelines	Retrospective Review of Clinical Treatments	Prospective Studies of Clinical Work	Monographs	Audit	Editor of Books	Laboratory Analysis	Multi-centre Clinical Study	
House Officer 1980-1981	P 1985 Haemophilia									
SHO 1981-1984	P 1985 Retrosperitoneal Abscess		L 1984 Age and femoral neck fx							
Registrar 1984-1987	P 1985 Kienbock's disease		P/A 1987-1988 arthroscopy	AP 1988-1990 Unstable intertrochanteric fractures						
	P 1989 Bilateral rupture of quadr		TIA/AP/A 1990-1995 Epilepsy and Trauma	AA/AP 1988-1990 CT arthro of dislocated shoulders						
	P 1989 Bilateral shoulder dislocation									
Harvard Fellow 1987-1988			A 1989 Parosteal osteosarcoma and allografts							
			A 1989 Knee dislocations							
			P 1991 Unstable Monteggia Fractures							
Senior Registrar 1988-1990			A 1991 Pelvic Chondrosarcoma surgery		SA 1990 Acute haemarthrosis knee - sport					
Sheffield Fellow 1990	P 1992 Bundling nail		A 1991 Lower limb recon using ilizarov							
			P 1991 Non-union rib at Sheffield							
			A 1991 Orbital Rx for total fractures							
RFH Consultant 1991-1995	P 1994 Rotaclot dislocation	BOA 1992 Allografts	P/Proc/Proc 1993-1997 TKR outcomes in Haemophilia	Proc/A 1995-1996 MRI and Whiplash	Proc/P 1994-1995 Haemophilic ankle Surgery	A 1996 Survey of Attitudes on prophylaxis		Proc 1995 Scoring system for haemophilic ankles		
	P 1995 TSR and TER in Haemophilia		L/A/A 1994-1995 Ortho surgery in HIV haemophiliacs	A 1996 Treatment compliance in Haemoph-ia	Proc 1994 HIV, the Surgeon & Haemophilia			Proc/P/A/Proc 1995-1997 Surgical glove dentistry		
			P/Proc/P/Proc 1993-1997 Analgesia in Haemophilia surgery	AA 1997-2000 Prevalence in trauma of HIV and Hepatitis	IA 1996 Hemziya review					
			Proc 1995 Anaesthesia in Haemophilia surgery		IA 1996 Double jeopardy					
			Proc/A 1995-1996 National history of haemophilic ankles							
			P 1996 Papineau and Ilgarov							
			P 1996 Haemophilic ankle arthropathy							
			A/A 1995-1997 Haemophilic elbow arthropathy							
			A 1996 Ankle osteomyelitis in haemophilia							
NGH Consultant 1996-2002	P 1996 Compartment syndrome post-ex		A 1998 Medical, Psycho & Social Factors in Jt Replacement	AP 2000-2001 Bacterial recolonisation in feet	IA 1997 Barrier Protection	Editor 1997 Rx & Prevention of haemophilic synovitis	P 1997 Gait analysis of haemophilic ankles	A/Proc/Proc 1997-2001 Infection and Joint Replacement		
			A 2000 Decision-making in Jt replacement		Proc/P 1997 Treatment of Haemarthrosis					
					P/A 1997-1998 Counselling guidelines in haemophilia					
					Edit 1997 Editorial Comment Haemophilic synovitis					
					IA 1997 Prevention of infection					
					L 1997 Pressure sores					
					IA 1998 3- and 4- part humeral fractures					
					IA 1999 Equinus ankles in haemophilia					
					Proc 1999 Communication & Cooperation					
					Ch 2000 Biomechanical research in haemophilia					
					Ch 2000 Surgical complications in HIV haemophilia					
					IA 2000 New D.C. in Surgical Education					
					IA 2000 Traumatic hip dislocation					
					Ch 2002 Haemophilia					
Career Status	Case Reports with(out) Literature Review	Clinical Guidelines	Retrospective Review of Clinical Treatments	Prospective Studies of Clinical Work	Monographs	Audit	Editor of Books	Laboratory Analysis	Multi-centre Clinical Study	Clinical

APPENDIX V

IMPACT FACTOR AND IMMEDIACY INDEX

**WJ Ribbans
Ph.D. by Publication.**

**WJ RIBBANS
BIBLIOGRAPHY
IMPACT FACTOR AND IMMEDIACY INDEX**

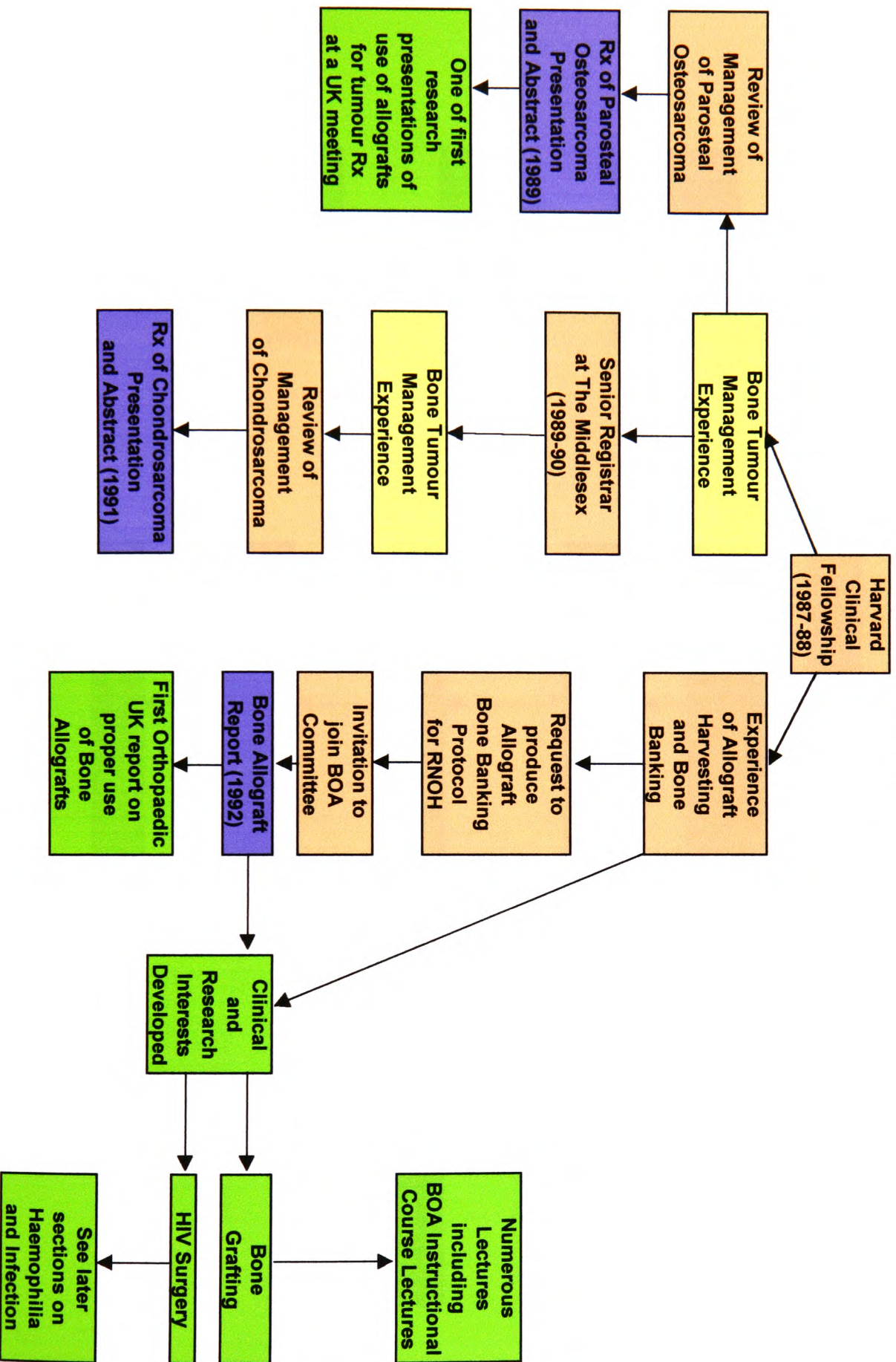
JOURNAL	1993 Impact Factor	Immediacy Index	1999 Impact Factor	2000 Impact Factor
Acta Orthopaedica Hellenica	Not available	Not available	Not available	
Annals of the Royal College of Surgeons	0.68	0.304	0.647	
British Journal of Clinical Practice	0.272	0.038	0.492	
Clinical Orthopaedics and Related Research	0.769	0.044	1.251	
Diseases of Colon and Rectum	1.375	0.182	1.926	
Foot and Ankle International	0.231	0.058	0.82	
Haemophilia	Not available	Not available	0.748	1.408
Handchir Mikrochir Plast Chir.	Not available	Not available	Not available	
Injury	0.134	0.018	0.261	
International Journal of Orthopaedic Trauma	Not available	Not available	Not available	
Journal of Arthroplasty	Not available	Not available	0.918	
Journal of Bone and Joint Surgery (British)	1.18	0.139	1.551	
Journal of Hand Surgery (British)	0.103	0.016	0.258	
Journal of Orthopaedic Trauma	Not available	Not available	0.751	
Lancet	15.888	4.385	10.197	
New World Health	Not available	Not available	Not available	
Orthopaedic Product News	Not available	Not available	Not available	
Orthopaedic Transactions	Not available	Not available	Not available	
Postgraduate Medical Journal	0.357	0.093	0.402	
Professional Nurse	Not available	Not available	Not available	
Sports Medicine and Soft-Tissue Trauma	Not available	Not available	Not available	

APPENDIX VI

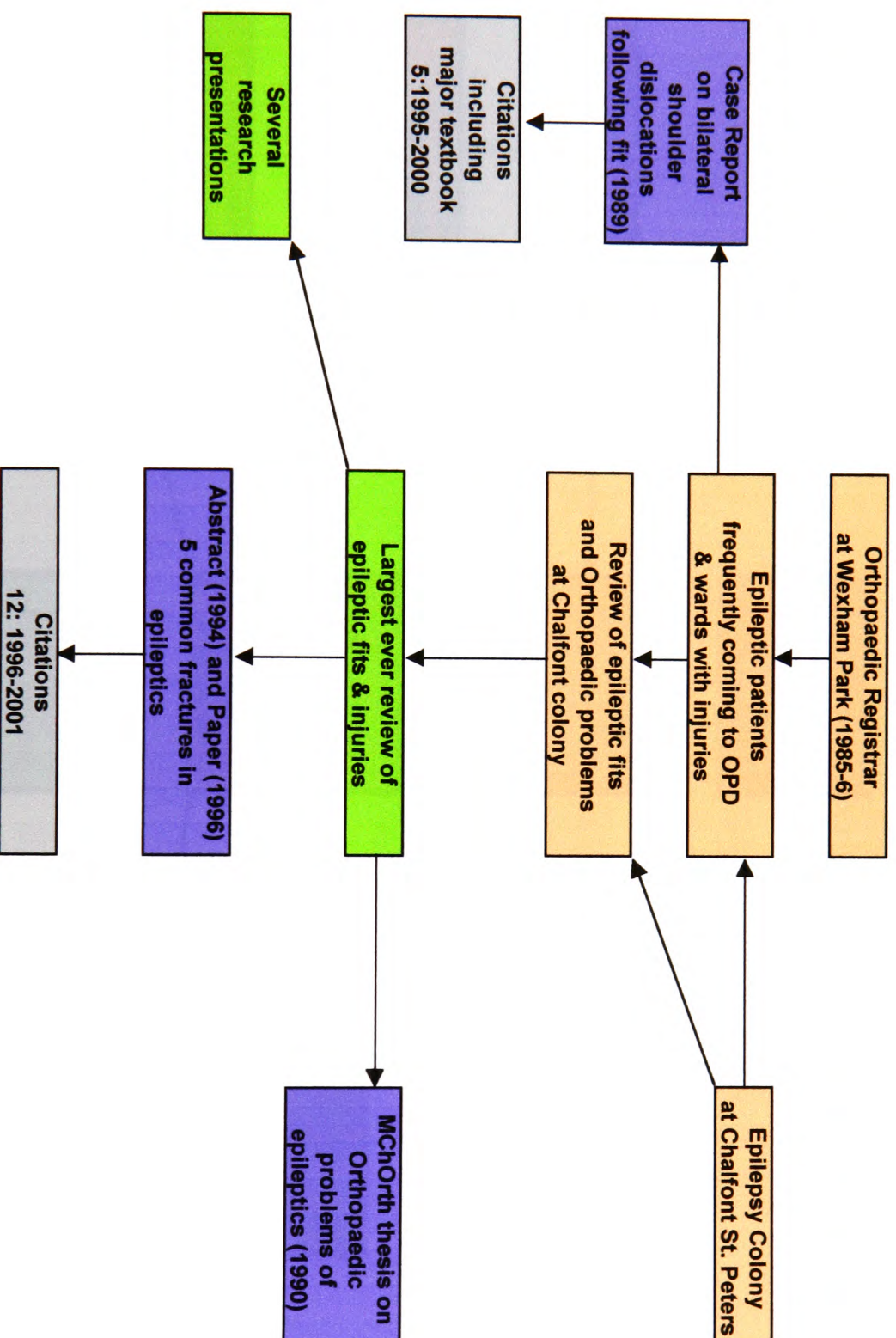
RESEARCH TRAILS

**WJ Ribbans
Ph.D. by Publication.**

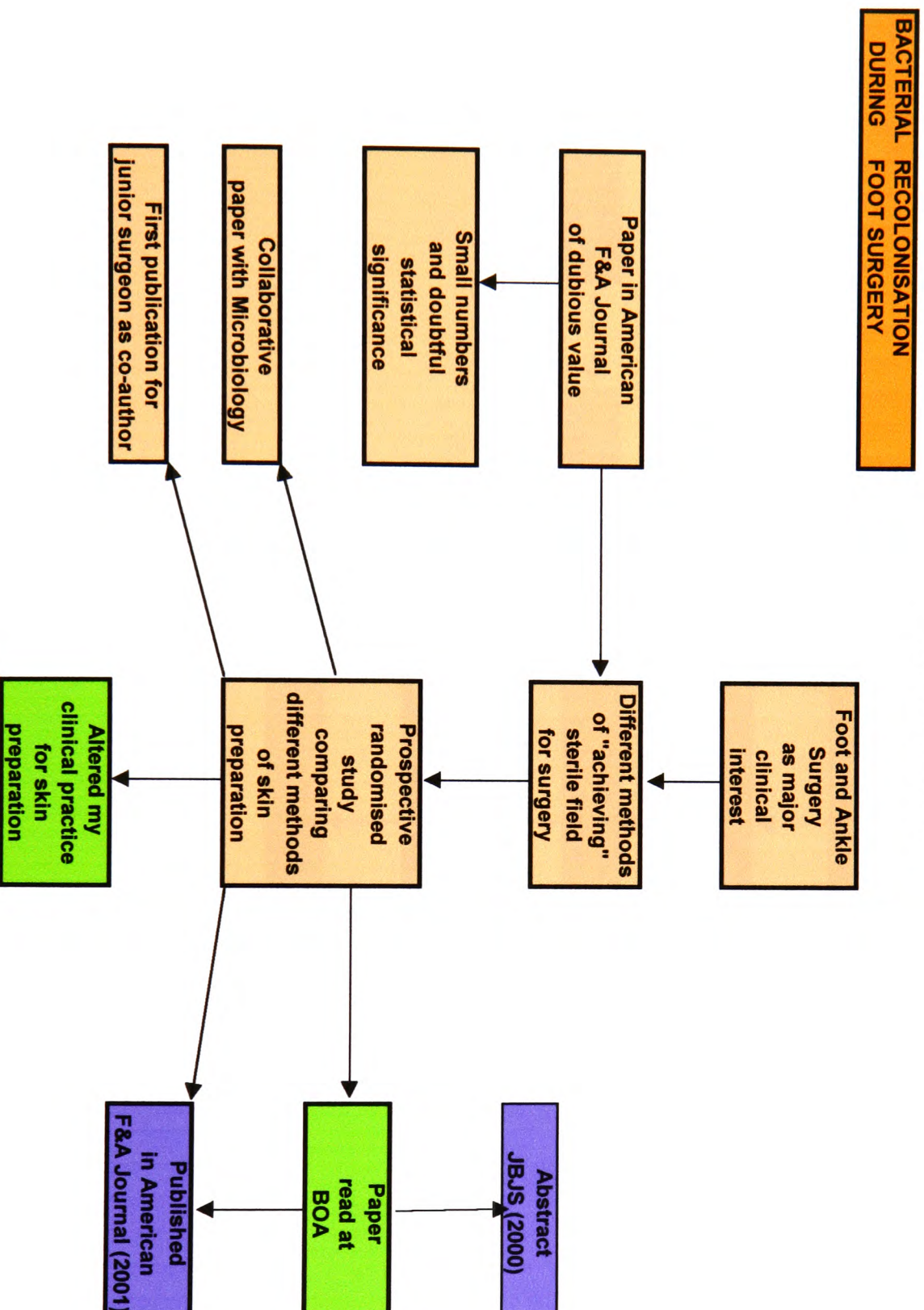
ALLOGRAFT AND BONE TUMOUR RESEARCH TRAILS



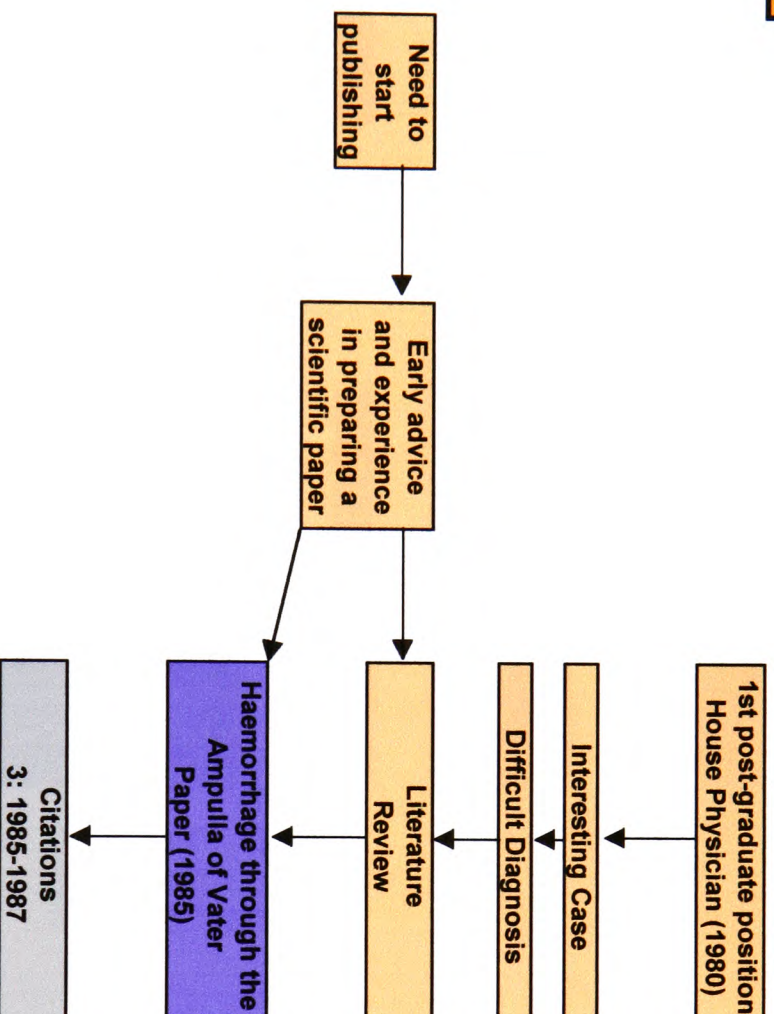
EPILEPSY RESEARCH TRAILS



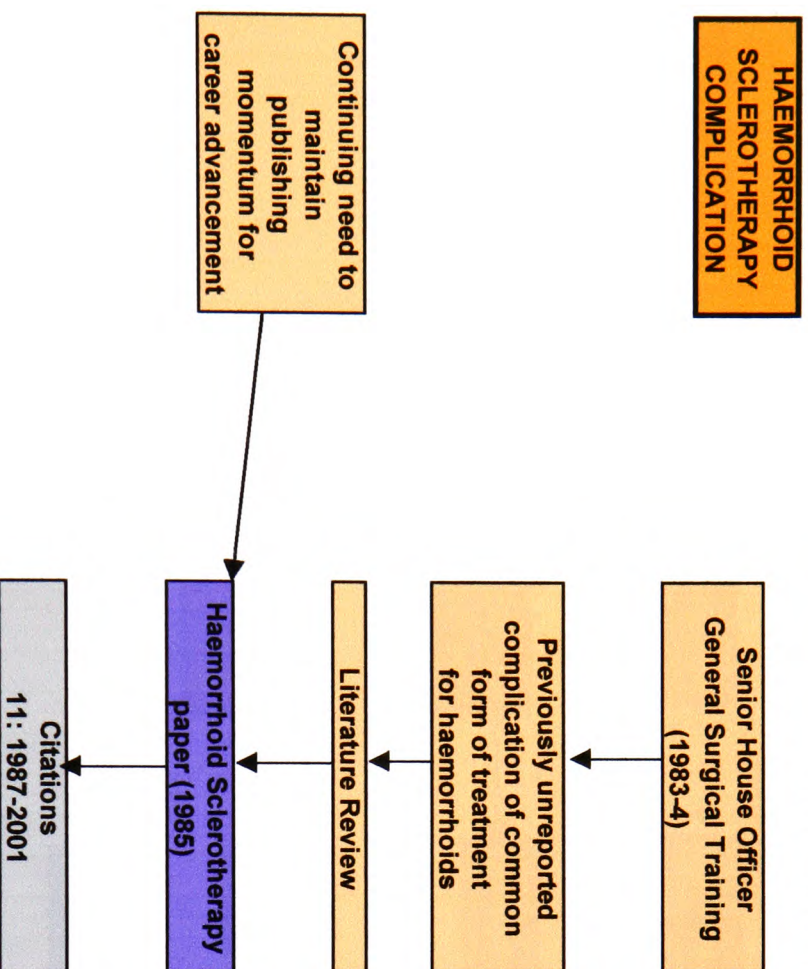
FOOT AND ANKLE RESEARCH TRAILS



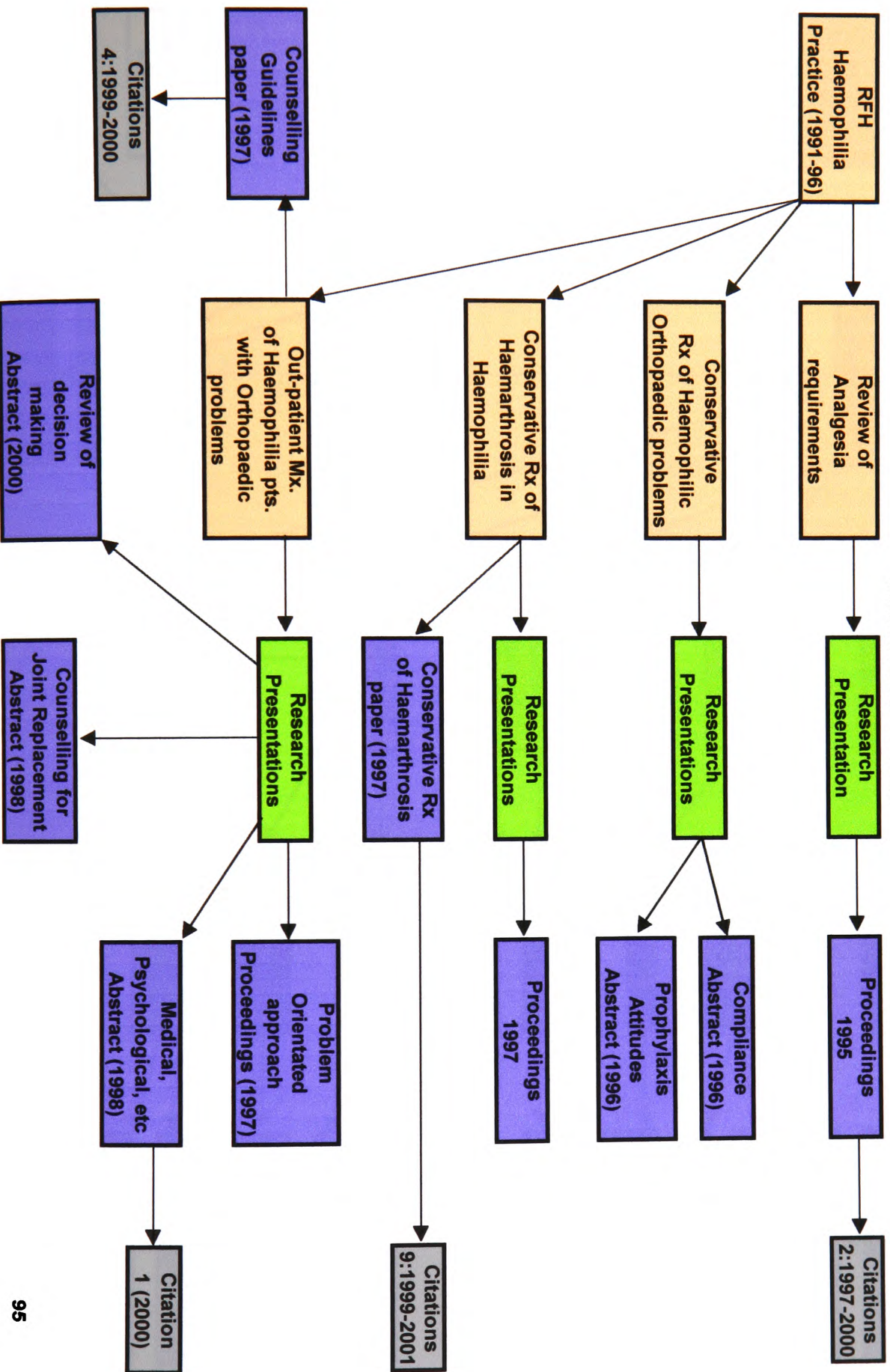
GENERAL SURGERY
RESEARCH TRAILS



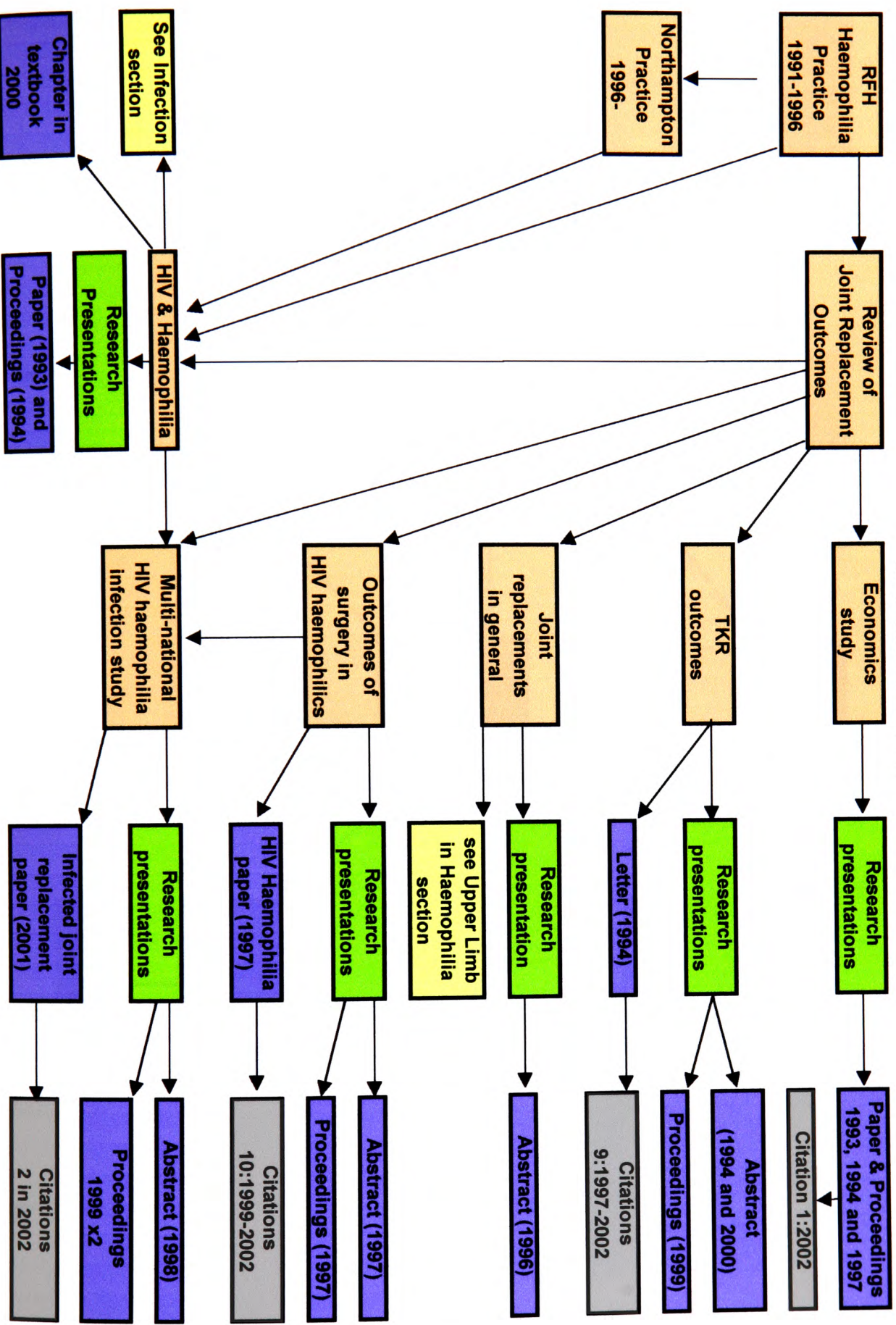
GENERAL SURGERY RESEARCH TRAILS



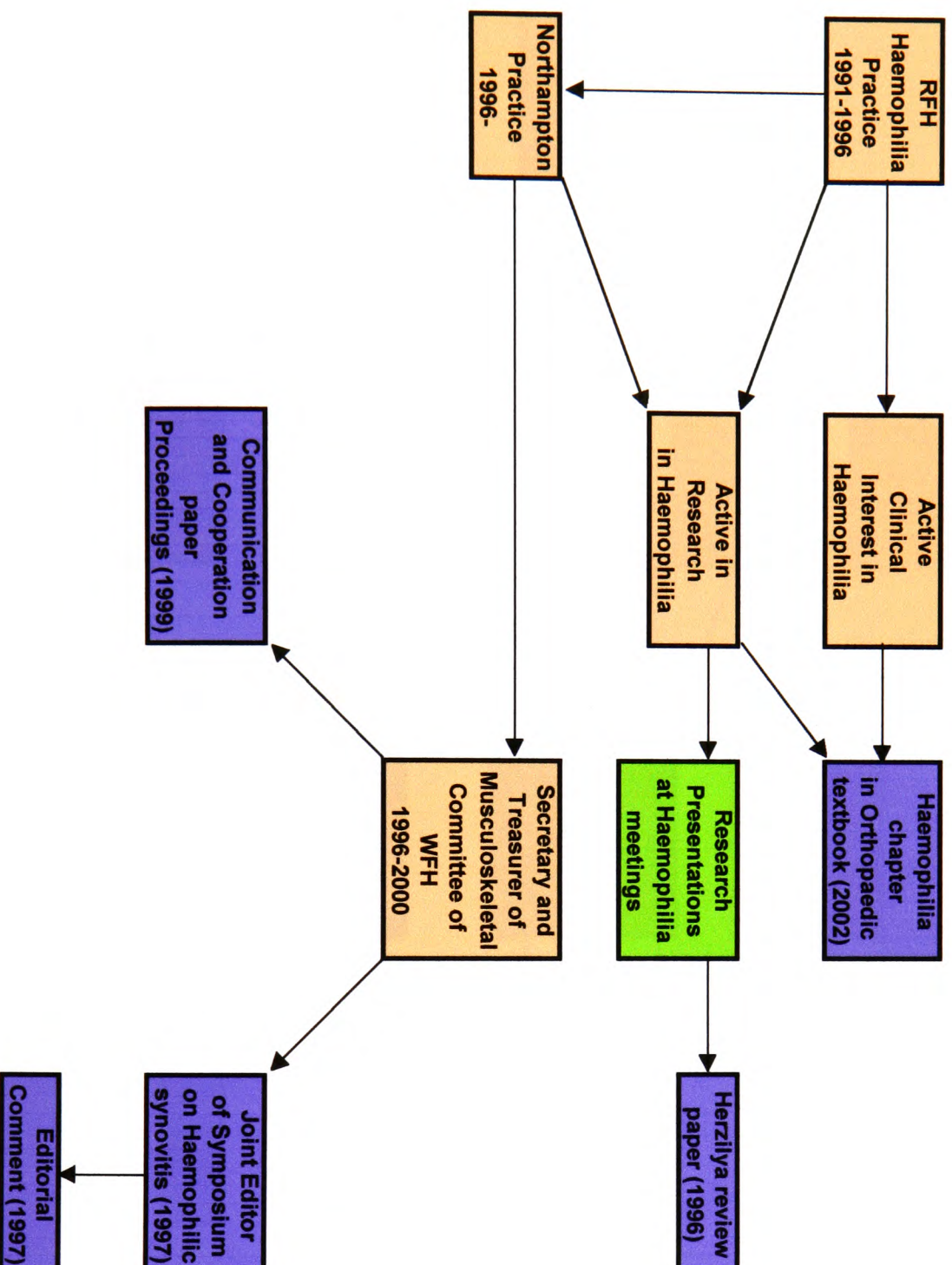
NON-SURGICAL ASPECTS OF HAEMOPHILIA RESEARCH TRAILS



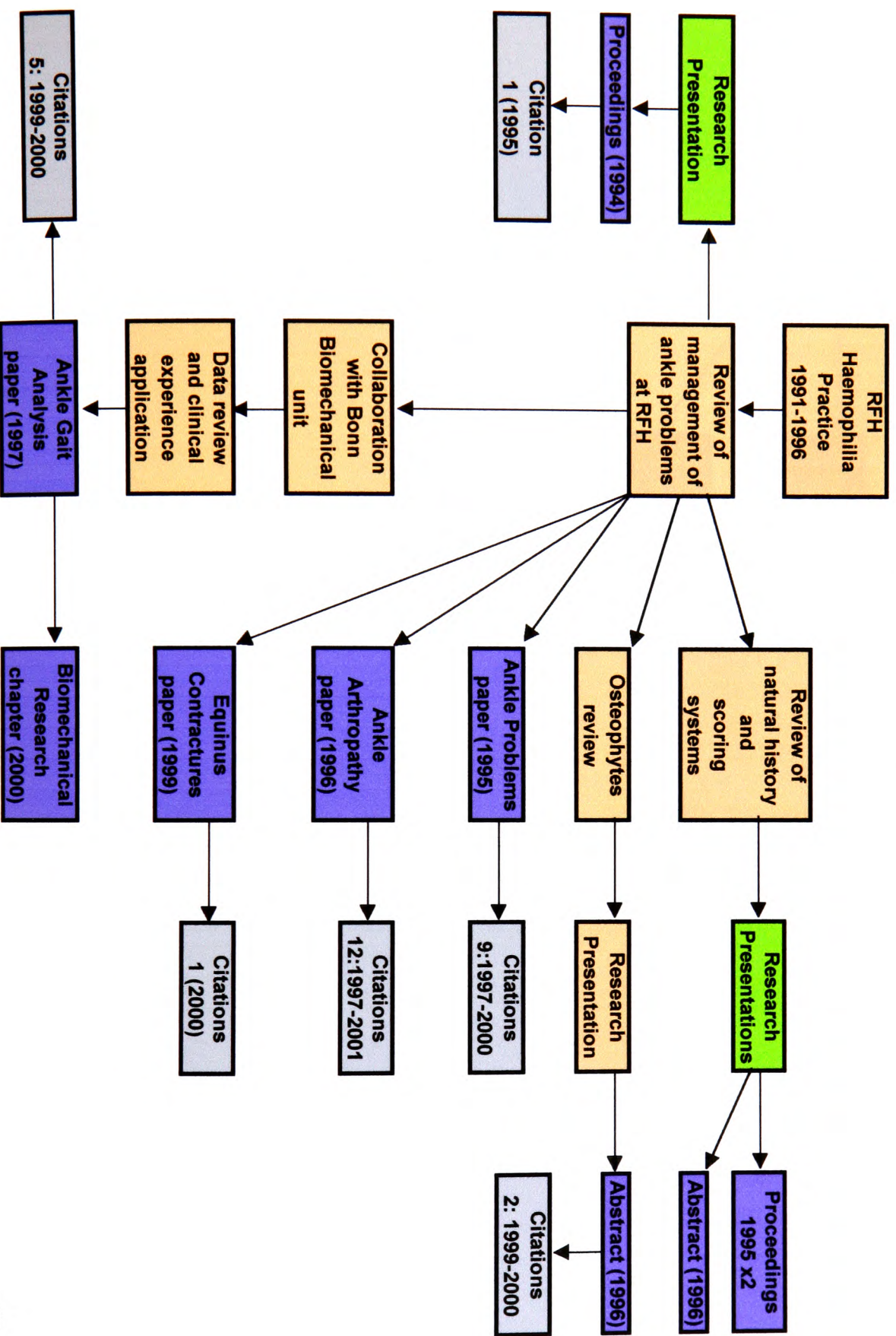
JOINT REPLACEMENT IN HAEMOPHILIA RESEARCH TRAILS



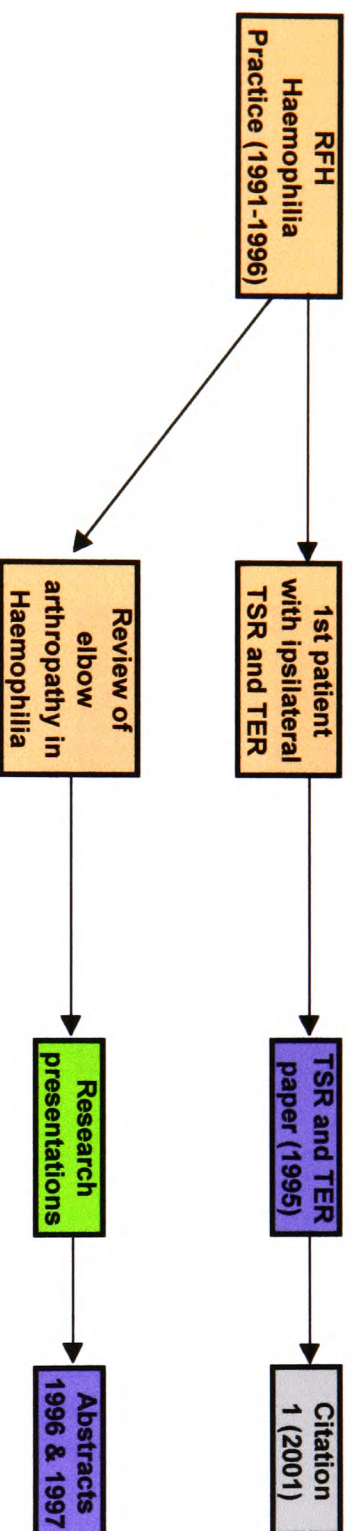
HAEMOPHILIA IN GENERAL RESEARCH TRAILS



RESEARCH TRAILS

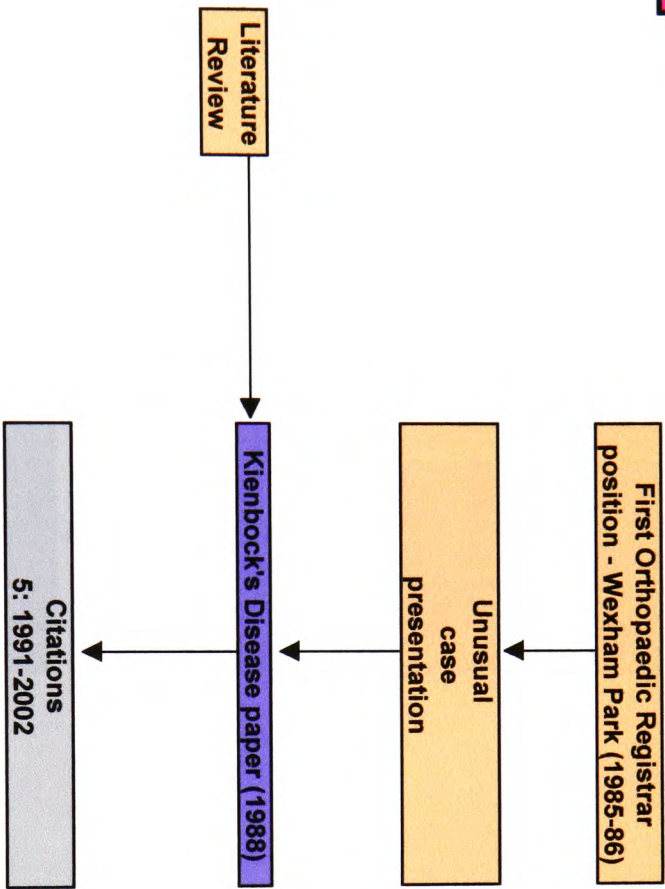


UPPER LIMB IN HAEMOPHILIA RESEARCH TRIALS

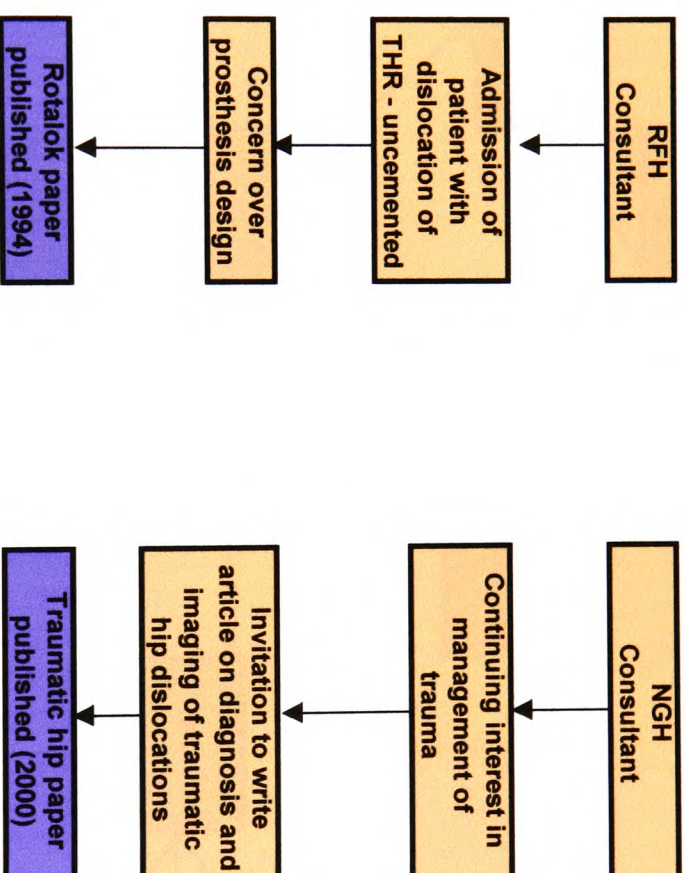


**HAND SURGERY
RESEARCH TRAILS**

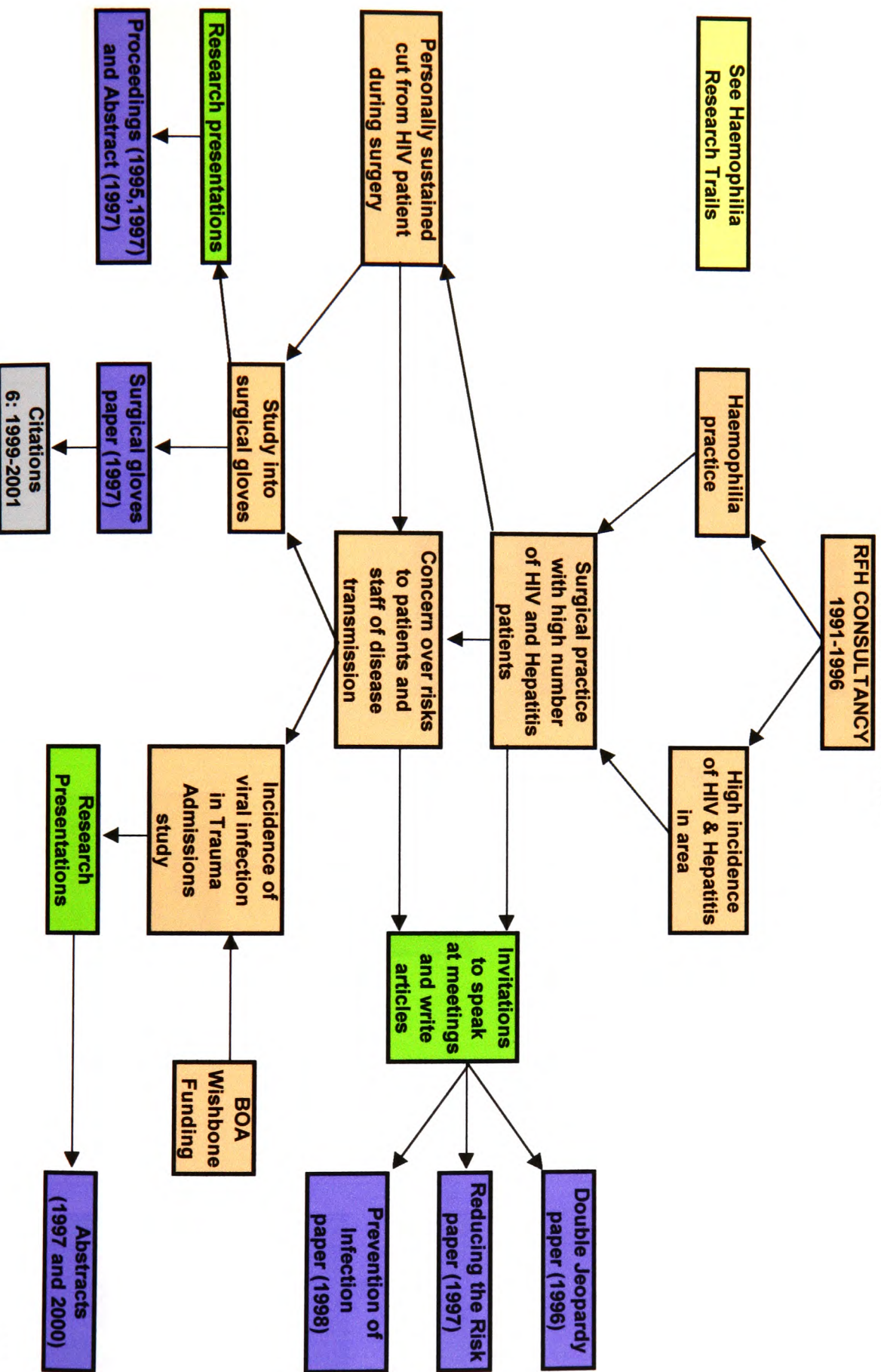
**KIENBOCK'S
DISEASE**



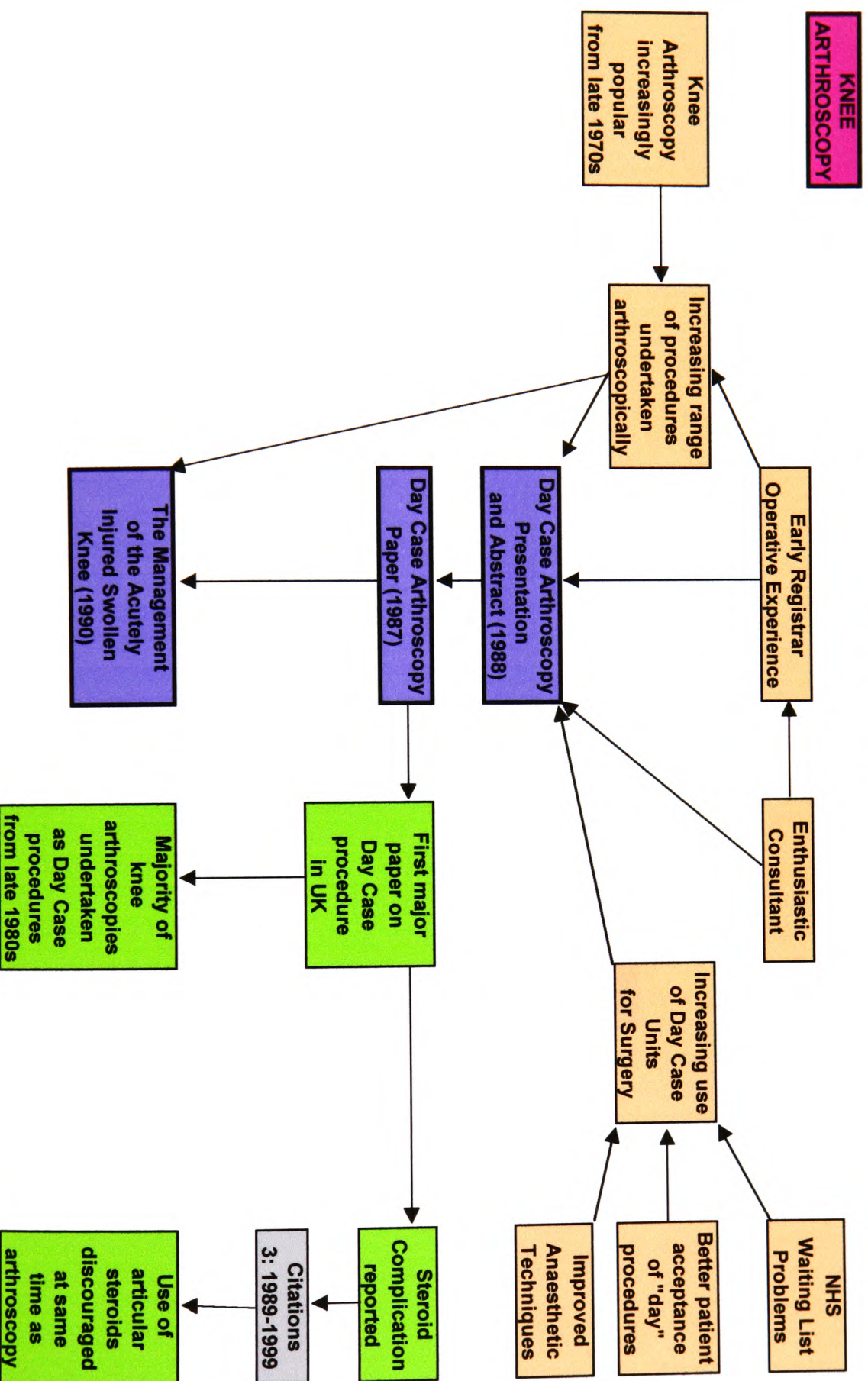
HIP DISLOCATIONS RESEARCH TRAILS



INFECTION INCLUDING HIV AND HEPATITIS RESEARCH TRAILS

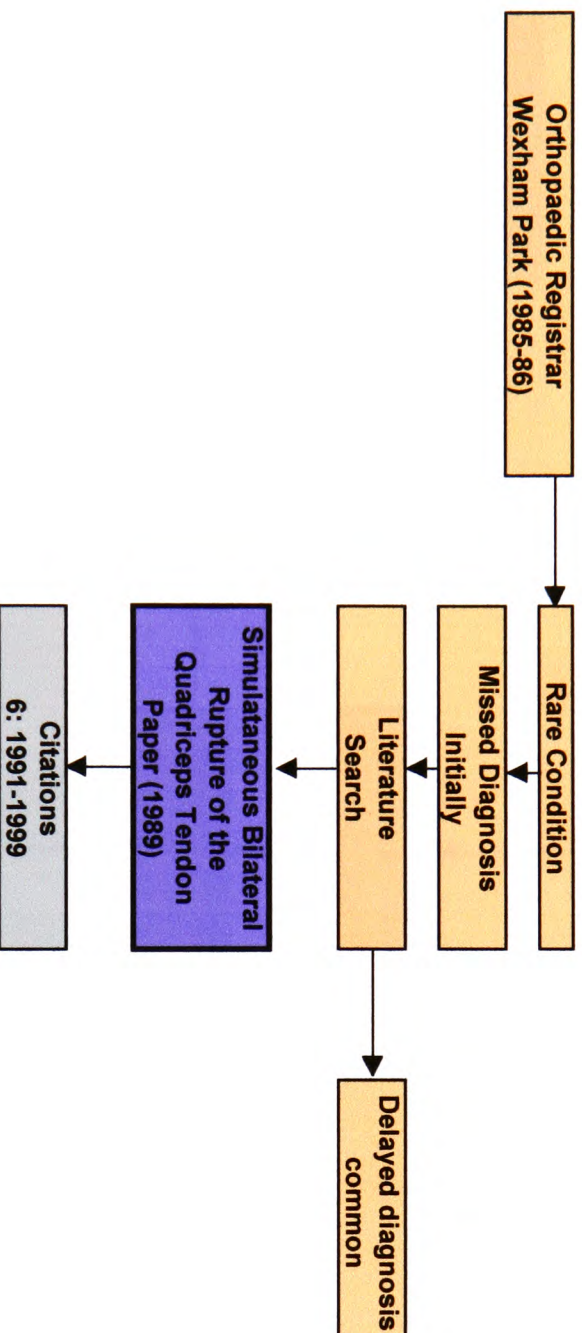


KNEE SURGERY RESEARCH TRAILS

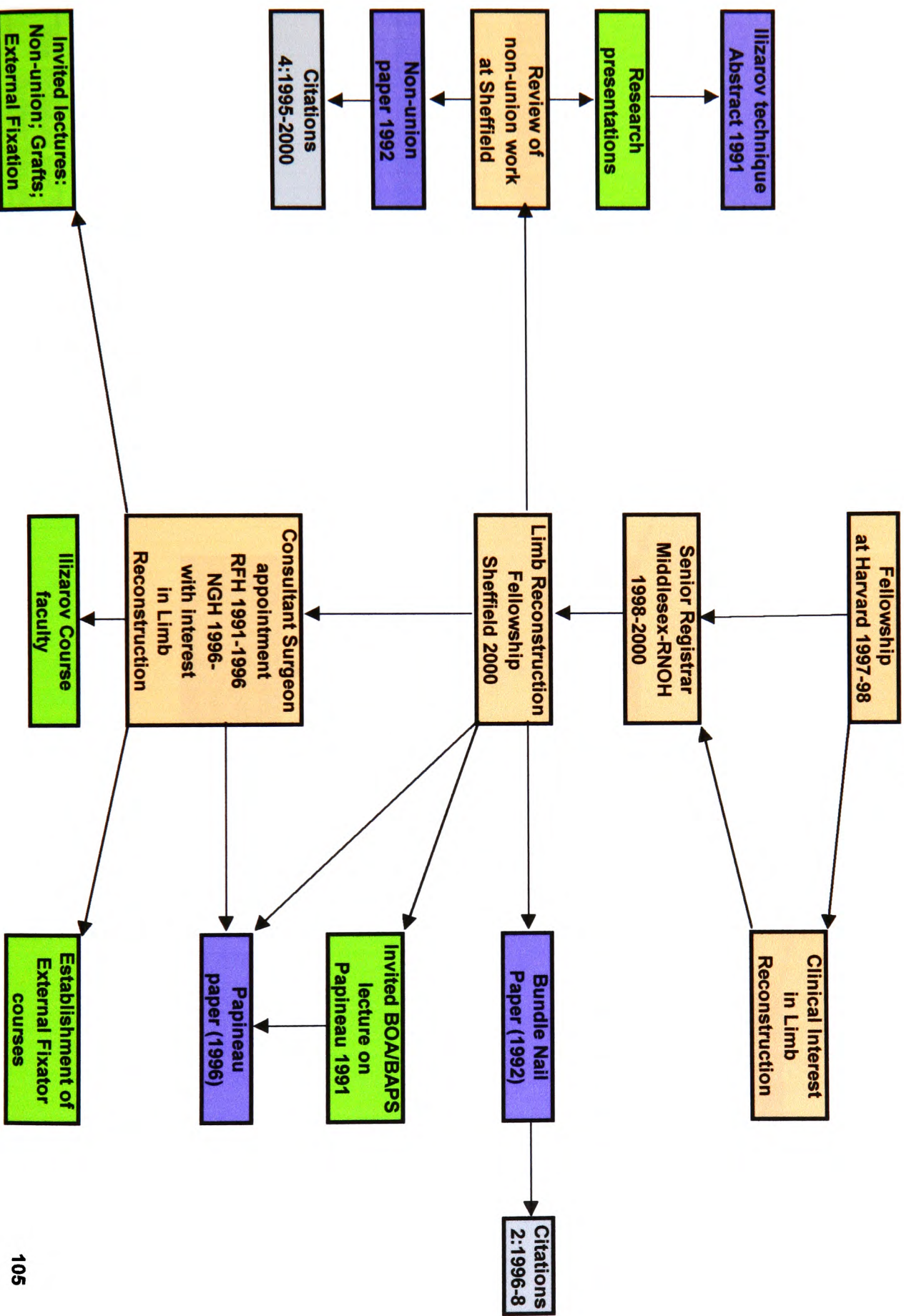


KNEE SURGERY RESEARCH TRAILS

QUADRICEPS TENDON RUPTURE

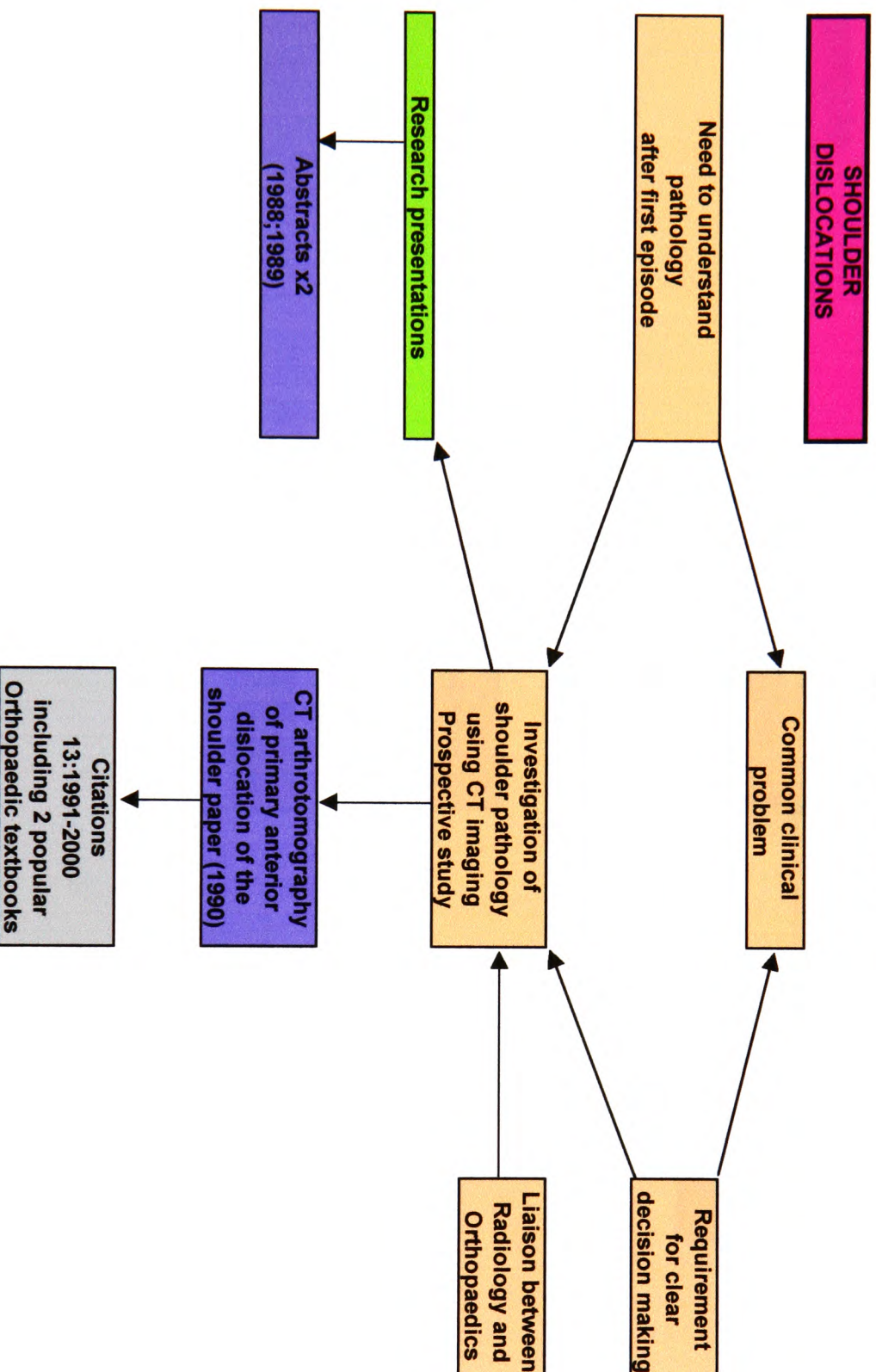


LIMB RECONSTRUCTION RESEARCH TRAILS



SHOULDER DISLOCATIONS

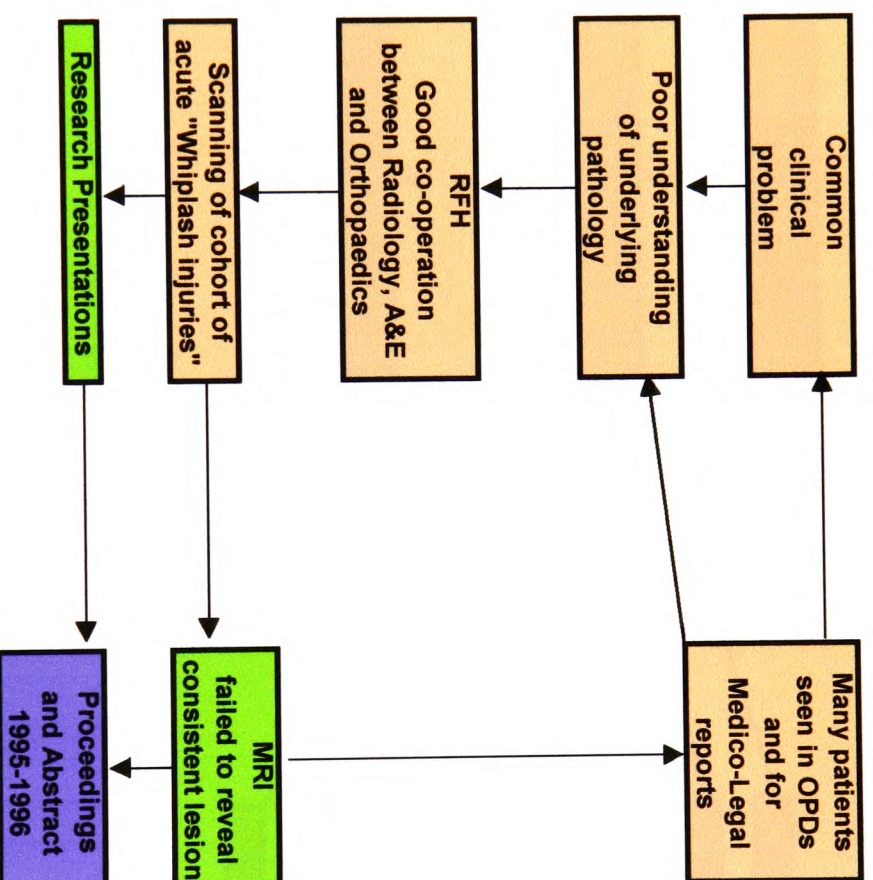
SHOULDER RESEARCH TRAILS



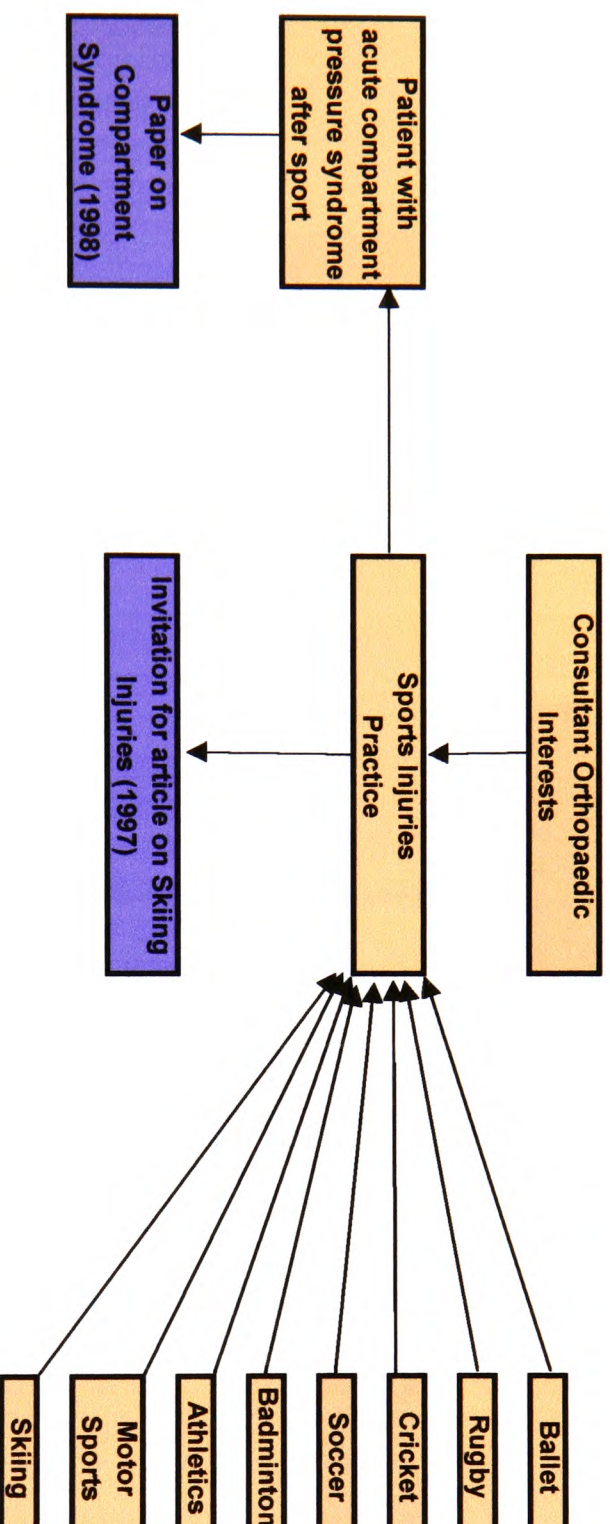
See *Epilepsy and Trauma* trails for further Shoulder papers

**WHIPLASH
INJURIES**

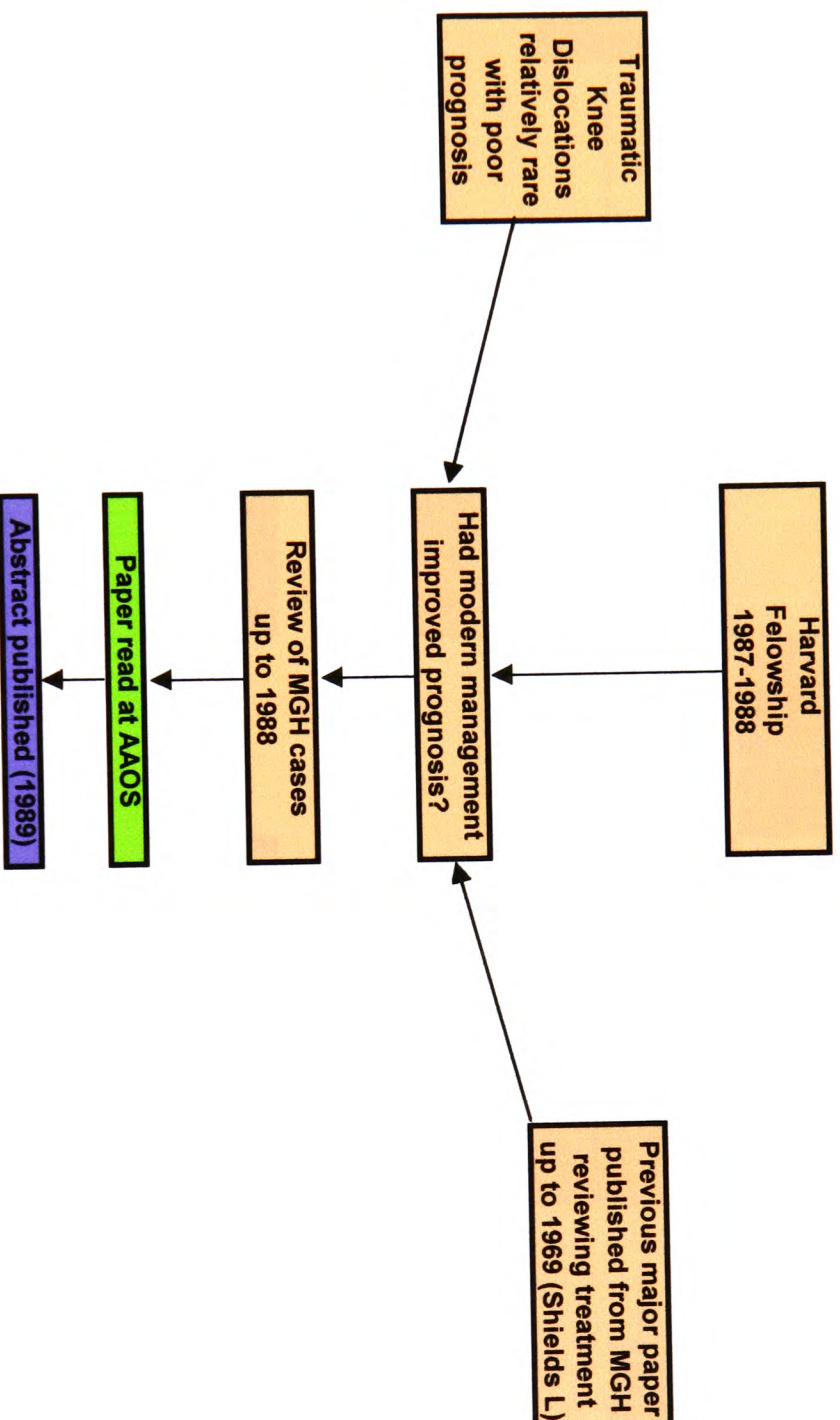
**SOFT TISSUE DISORDERS
RESEARCH TRAILS**



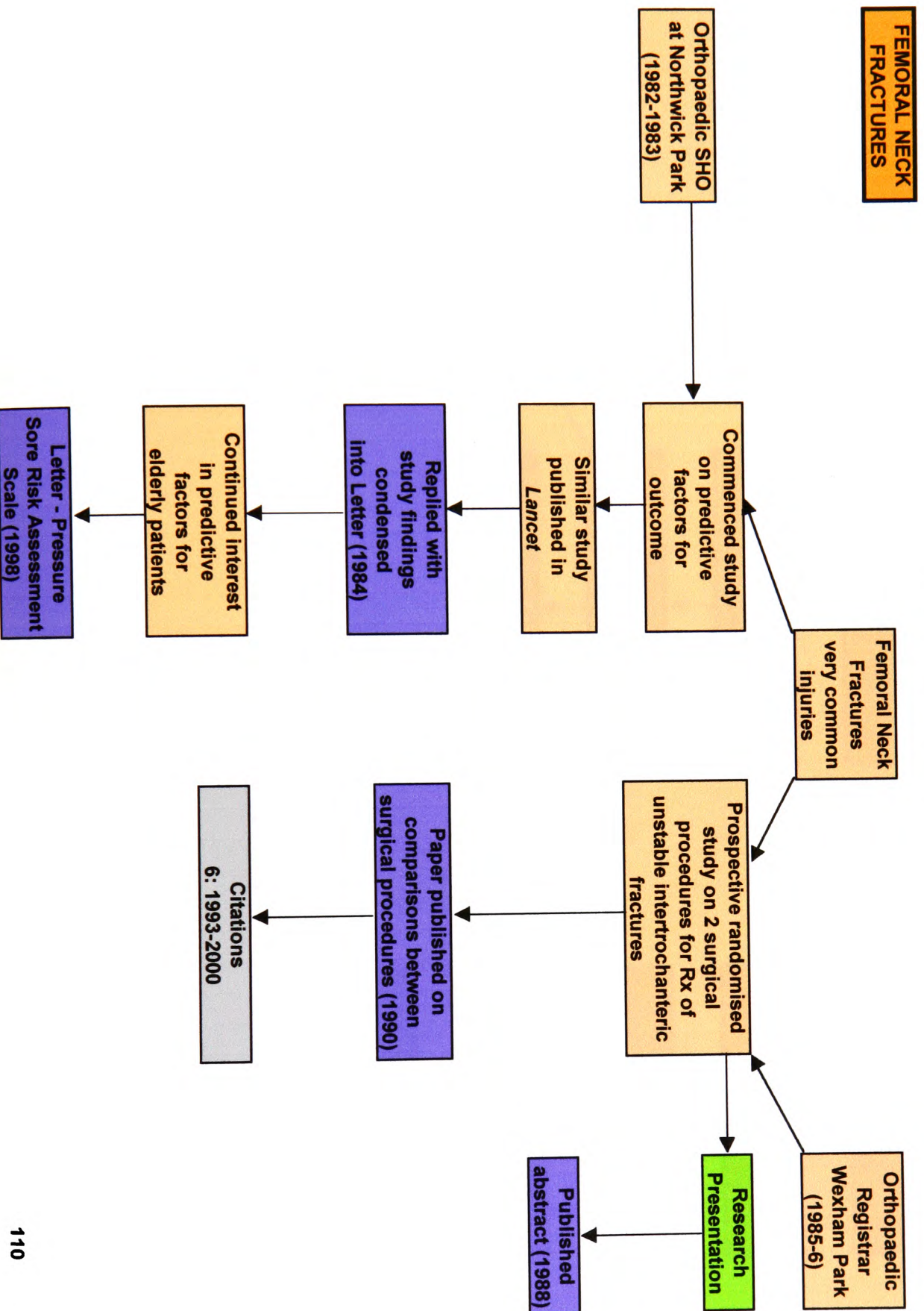
SPORTS INJURIES RESEARCH TRAILS



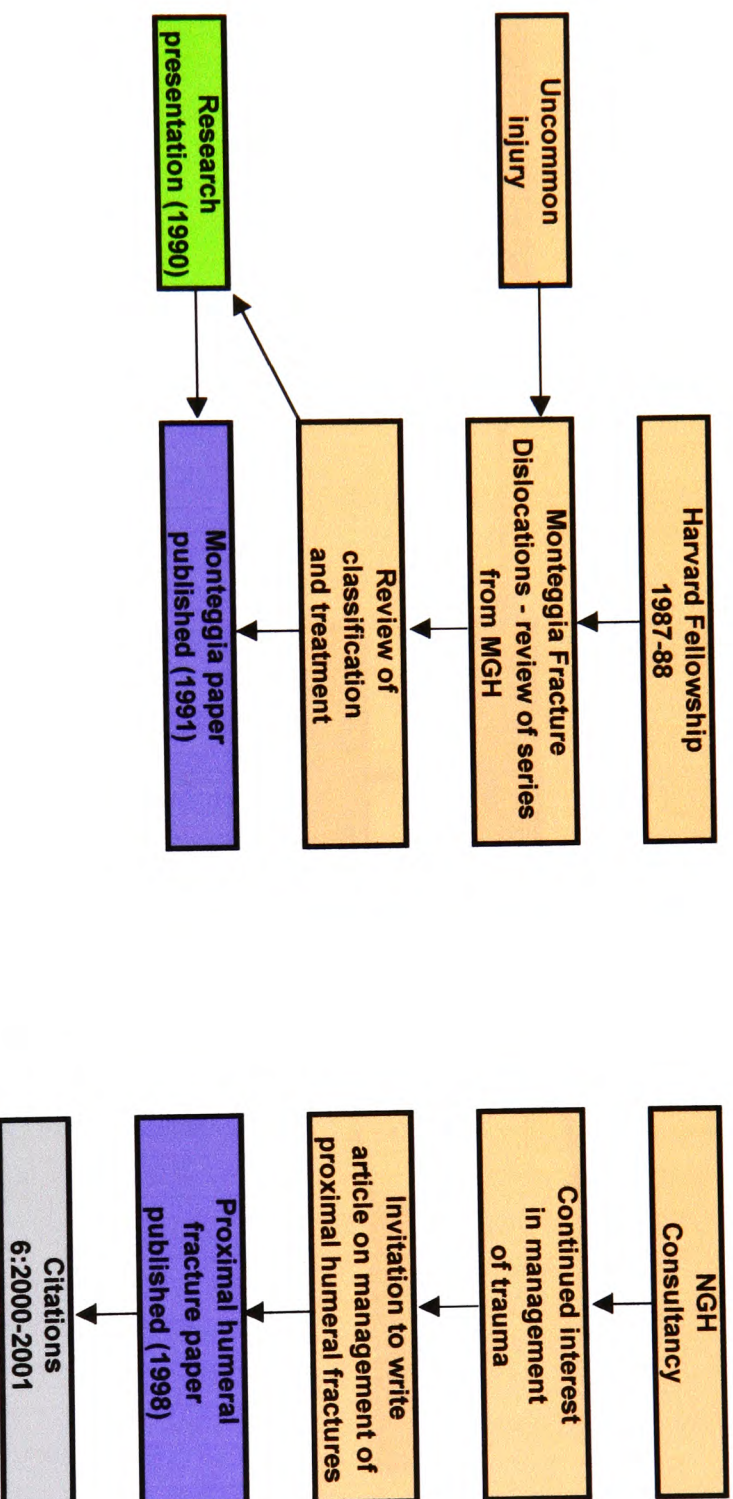
TRAUMATIC KNEE DISLOCATIONS RESEARCH TRAILS



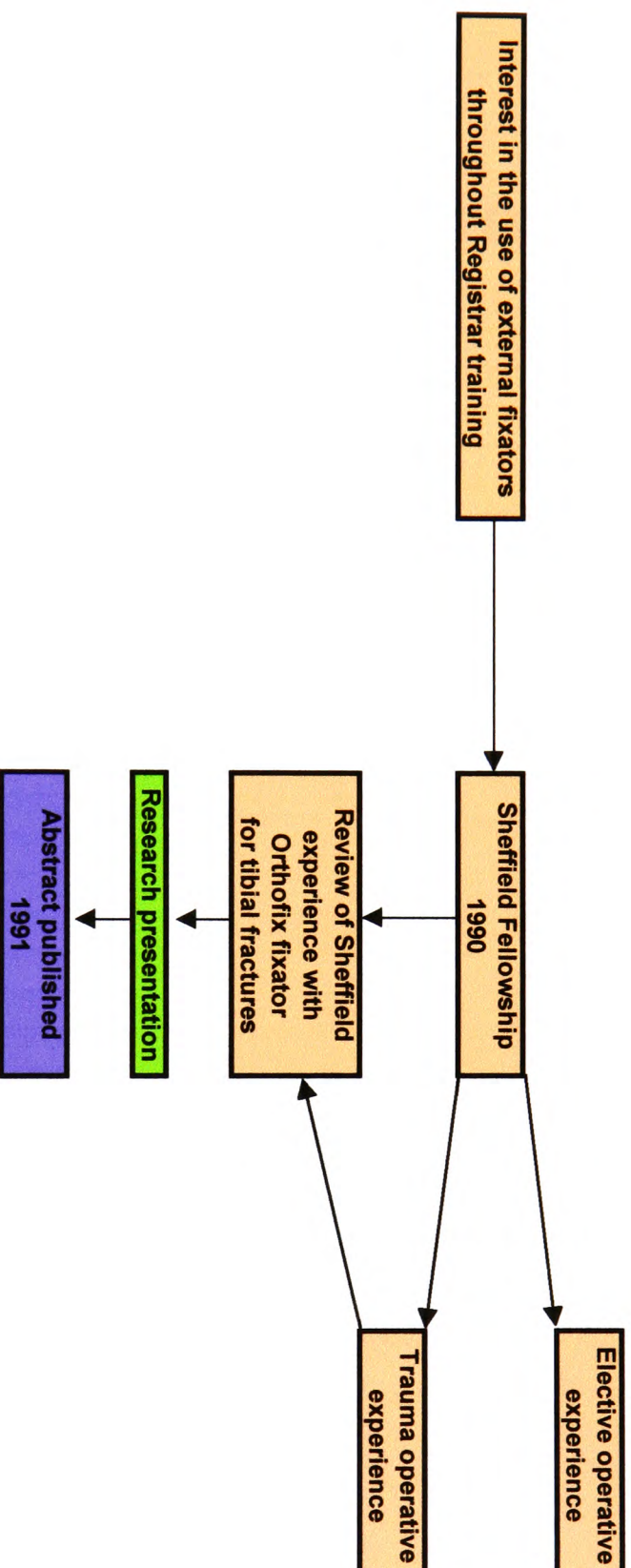
TRAUMA RESEARCH TRAILS



UPPER LIMB INJURIES RESEARCH TRAILS



ORTHO-FIX TIBIAL FIXATION RESEARCH TRAILS



APPENDIX VII

ESTIMATE OF TIME SPENT UPON RESEARCH WORKS

WJ Ribbans
Ph.D. by Publication.

ESTIMATE OF TIME SPENT ON EACH PROJECT

Title of Research Project	Publication Type	Year Started	Year Published	Estimated Hours of Personal Work
Haemobilia	P	1980	1985	75
Age and Femoral Neck Fractures	L	1983	1984	150
Retroperitoneal Abscess	P	1983	1985	60
Kienbock's Disease	P	1985	1988	75
Day Case Arthroscopy	P/A	1985	1987-1988	180
Unstable intertrochanteric Fxs	A/P	1985	1987-1988	250
Bilateral Rupture of Quadriceps	P	1985	1989	60
Epilepsy and Trauma	Th/A/P/L	1985	1990-1996	400
CT arthrotomography of dislocated shoulders	A/A/P	1986	1988-1990	160
Bilateral Shoulder Dislocation	P	1986	1989	75
Knee Dislocations	A	1987	1989	180
Parosteal Osteosarcoma and Allografts	A	1987	1989	150
Unstable Monteggia Fractures	P	1988	1991	120
Acute Haemarthrosis of the knee	SA	1989	1990	40
Pelvic Chondrosarcomas	A	1989	1991	100
Lower Limb Reconstruction using Ilizarov	A	1990	1991	80
Non-union Rx in Sheffield	P	1990	1991	240
Orthofix Rx for Tibial Fractures	A	1990	1991	300
Bundle Nailing	P	1990	1992	30
BOA Allografts	BOA	1991	1992	30
Economics of TKR in Haemophilia	P/P/Proc	1991	1993-1994	75
Rotalok Dislocation	P	1992	1994	40
HIV, The Surgeon and Haemophilia	P/Proc	1993	1993/1994	60
Haemophilic Ankle Arthroplasty	P	1993	1996	160
Papineau and Ilizarov	P	1993	1996	50
Haemophilic Ankle Surgery	Proc/P	1993	1994-1995	160
Natural History of Haemophilic Ankles	Proc/A	1993	1995-1996	90
TKR outcomes in Haemophilia	L/A/A	1994	1994-1996	80

ESTIMATE OF TIME SPENT ON EACH PROJECT

Title of Research Project	Publication Type	Year Started	Year Published	Estimated Hours of Personal Work
Analgesia in Haemophilia Surgery	Proc	1994	1995	60
Scoring Systems for Haemophilic Ankles	Proc	1994	1995	90
TSR and TER in Haemophilia	P	1994	1995	40
MRI and Whiplash	Proc/A	1994	1995-1996	80
Orthopaedic Surgery in HIV Haemophiliacs	Proc/P/A	1994	1995-1997	150
Ankle Osteophytes in Haemophilia	A	1994	1996	50
Survey of Attitudes on Prophylaxis	A	1994	1996	40
Treatment Compliance in Haemophilia	A	1994	1996	40
Infection in HIV haemophilic joint replacements	A/Proc/Proc/P	1994	1997-2001	360
Double Jeopardy	IA	1995	1996	40
Herzliya review	IA	1995	1996	30
Haemophilic Elbow Arthropathy	A/A	1995	1996-1997	80
Gait analysis of haemophilic ankles	P	1995	1997	60
Haemophilic Synovitis: Editorial Comment	Edit	1995	1997	10
Treatment and Prevention of Haemophilic Synovitis	Editor	1995	1997	250
Treatment of Haemarthrosis	Proc/P	1995	1997	100
Counselling guidelines in haemophilia	P/A	1995	1997-1998	60
Prevalence in Trauma of HIV and Hepatitis	A/A	1995	1997-2000	120
Medical, Psychological & Social Factors	A	1995	1998	40
Barrier Protection	IA	1996	1997	60
Prevention of Infection	IA	1996	1997	75
Compartment syndrome post-exercise	P	1996	1998	60
Pressure Sores	L	1997	1997	3
3- and 4- part humeral fractures	IA	1997	1998	120
Equinus Ankles in Haemophilia	IA	1997	1999	100
Communication and Cooperation in Haemophilia	Proc	1997	1999	50
Biomechanical research in Haemophilia	Ch	1998	2000	60
Surgical complications in HIV haemophilia	Ch	1998	2000	120

ESTIMATE OF TIME SPENT ON EACH PROJECT

Title of Research Project	Publication Type	Year Started	Year Published	Estimated Hours of Personal Work
Bacterial recolonisation in feet	A/P Ch	1998 1998	2000-2001 2002	200 150
Haemophilia				
New Distance Learning Course in Surgical Education	IA	1999 1999	2000 2000	30 90
Traumatic Hip Dislocation	IA	1999 1999	2000 2000	
Estimated Total Hours				6288

APPENDIX VIII

CO-AUTHOR STATEMENTS

WJ Ribbans
Ph.D. by Publication.

**Mr William Ribbans FRCS
Consultant Orthopaedic Surgeon
Three Shires Hospital
The Avenue
Cliftonville
Northampton NN1 5DR**

Wexham Park Hospital
Wexham Street
Slough
Berkshire
SL2 4HL

Tel: 01753 633000
Fax: 01753 634848

4/6/2002

Dear Bill,

Thank you for your letter and I enclose the completed documentation regarding our publications.

**With best wishes,
Yours sincerely,**



**Robin Allum FRCS
Consultant Orthopaedic Surgeon**

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Day Case Knee Arthroscopy

DETAILS OF PUBLICATIONS:

R.L.Allum, W.J.Ribbans. Day Case Arthroscopy. Annals of the Royal College of Surgery. 1987;69:225-226. ISSN 0035-8843
 R.L.Allum, W.J.Ribbans. Day Case Arthroscopy. The first year. J.B.J.S.1988;70(B):156. ISSN 0301-620X

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
RL Allum	25%	75%	60%	50%	50%
WJ Ribbans	25%	25%	40%	50%	50%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Acutely Injured Swollen Knee

DETAILS OF PUBLICATION:

W.J.Ribbans, R.L. Allum. The Management of the Acutely Injured Swollen Knee. Sports Medicine and Soft-Tissue Trauma. 1990;2(2):14-16.
ISSN 0956-5167

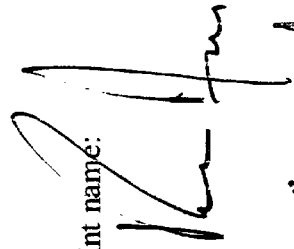
Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	25%	25%	40%	50%	50%
RL Allum	75%	75%	10%	50%	50%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:



R.L. Allum

Department of Orthopaedics

Dewsbury & District Hospital

Halifax Road

DEWSBURY

West Yorkshire

WF13 4HS

Tel: 01924 816134

Fax: 01924 512026

Email: anne.amos@dhc-tr.northy.nhs.uk

Mr P D ANGUS BSc MB ChB FRCS
Hon. Senior Lecturer
School of Medicine, University of Leeds

Our ref: PDA.AA

30 January 2003

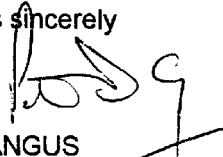
TO WHOM IT MAY CONCERN

Dear Sir or Madam:

Re: The Application of Mr W Ribbans for a PhD.

Please find enclosed as requested an Author Contribution Confirmation that outlines Mr Ribbans' contribution to a paper he co-authored with me in 1989.

Yours sincerely



P D ANGUS
CONSULTANT ORTHOPAEDIC SURGEON

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Quadriceps tendon rupture

DETAILS OF PUBLICATION:

W.J.Ribbans, P.D.Angus. Simultaneous bilateral rupture of the quadriceps tendon. British Journal of Clinical Practice. 1989;43:122-124. ISSN 0007-0947

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
W/J Ribbans	95	5	80	95	95
PD Angus	5	95	20	5	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

log

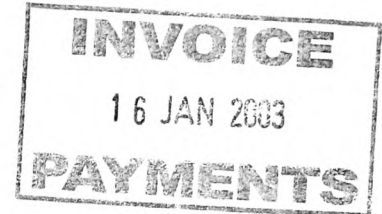
P.D. Angus

Please sign form and print name:

**Mr Nicholas C Birch FRCS Orth
Consultant Orthopaedic Surgeon**

Three Shires Hospital
The Avenue
Cliftonville
Northampton
NN1 5DR

Tel and Fax: 01604 885004
email: nickbirch_uk@yahoo.com



NCB/HMW

13 January 2003

University of Glamorgan
Glamorgan
Wales

TO WHOM IT MAY CONCERN

RE: The Application of Mr W Ribbans for a PhD.

Please find enclosed as requested an Author Contribution Confirmation that outlines Mr Ribbans' contribution to the paper he co-authored with me in 1993-94.

**Mr Nicholas C Birch
Consultant Orthopaedic Surgeon**

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: HIV and Haemophilia

DETAILS OF PUBLICATION:

N.C.Birch, W.J.Ribbans, E.Goldman, C.A.Lee, J.C.A. Madgwick. HIV and Surgery in Haemophilia.
In "International Symposium on Orthopaedic Problems in Haemophilia" . eds. P.L.Melanotte, A.Africano. pp 83-90. Published by Lagev S.A.
Castelfranco, Italy. 1993. No ISSN

N.C.Birch, W.J.Ribbans, E. Goldman, C.A.Lee. H.I.V., the Surgeon and Haemophilia
Proceedings of the XXI International Congress of the World Federation of Hemophilia. Mexico. April 1994. p180.

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
NC Birch	40%	40%	40%	50%	50%
WJ Ribbans	40%	40%	40%		
E Goldman		10%	10%		
CA Lee	20%	10%	10%		

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Knee Replacement in Haemophilia

DETAILS OF PUBLICATIONS:

N.C.Birch, W.J.Ribbans, E.Goldman, C.A.Lee. Knee Replacement in Haemophilia. J.B.J.S. 1994;76(B):165-166 (letter). ISSN 0301-620X.
N.C.Birch, W.J.Ribbans, J.C.A.M.Madgwick, E.Goldman. Total Knee Arthroplasty in Severe Haemophilia. J.B.J.S. 1994;76(B):Suppl I
(Orthopaedic Proceedings): 44.

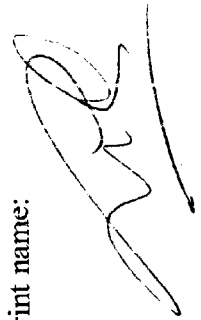
Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
NC Birch	40 %	50%	70%	70%	50%
WJ Ribbans	20 %	40%	30%	30%	40%
JCA Madgwick	5 %	10%			10%
CA Lee	5 %				
E Goldman					

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:



W.K.N. C. Birch

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Ankles in Haemophilia

DETAILS OF PUBLICATION:

W.J.Ribbans, C.A.Lee, N.C.Birch, J.C.A. Madgwick Orthopaedic Solutions for the Haemophilic Ankle.
Proceedings of the XXI International Congress of the World Federation of Hemophilia. Mexico. April 1994. p184.


Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	80%	90%	80%	80%	90%
CA Lee	5%	10%	10%	10%	10%
NC Birch	5%		5%	10%	
JCA Madgwick	10%		5%		

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:


 MR. N. C. BIRCH

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: HIV and Haemophilia

DETAILS OF PUBLICATION:

N.C.Birch, W.J.Ribbans, E. Goldman, C.A.Lee. H.I.V., the Surgeon and Haemophilia
Proceedings of the XXI International Congress of the World Federation of Hemophilia. Mexico. April 1994. p180.

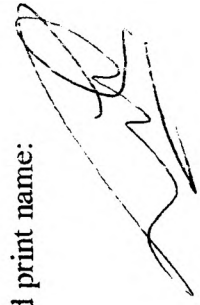
Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
NC Birch	40%	70%	40%	50%	50%
WJ Ribbans	40%	60%	40%	50%	50%
E Goldman		10%	10%		
CA Lee	20%	10%	10%		

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:



WJ Ribbans

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Economics in Haemophilia Knee Replacement

DETAILS OF PUBLICATIONS:

N.C.Birch, W.J.Ribbans, E.Goldman, C.A.Lee. The Economics of Total Knee Replacement Arthroplasty in Haemophilia. In "International Symposium on Orthopaedic Problems in Haemophilia". eds. P.L.Melanotte, A.Africano. pp 83-90. Published by Lagev S.A. Castelfranco, Italy. 1993.

N.C.Birch, W.J.Ribbans, E.Goldman, J.Kenneally, C.A.Lee. The Economics of Knee Replacement in Haemophilia. Proceedings of the XXI International Congress of the World Federation of Hemophilia. Mexico. April 1994. p179.

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
NC Birch	80%	70%	50%	60%	60%
WJ Ribbans	5%	10%	15%	10%	20%
E. Goldman		5%	5%		
J Kenneally	10%	5%	25%	30%	20%
CA Lee	5%	5%	5%		

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write 'N/A' in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:



 MR N C Birch

Princess Margaret Hospital
Okus Road
Swindon
Wiltshire
SN1 4JU

26th June 2002

Tel: 01793 536231
Fax: 01793 480817

Mr W J Ribbans M.Ch FRCS Orth
Consultant Orthopaedic Surgeon
Three Shires Hospital
The Avenue
Cliftonville
Northampton
NN1 5DR

Dear Bill

Please find enclosed the completed forms confirming the relative contributions of authorship for the two papers as requested.

I hope that this is acceptable to you and if the University require any more information regarding these papers, they are welcome to contact me at the above address.

With best wishes for the remainder of your PhD submission.

Yours sincerely



Mr R A Brooks MA FRCS (Orth)
Consultant Orthopaedic Surgeon

Enc.

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Traumatic Hip Dislocations

DETAILS OF PUBLICATION:

A. Brooks, W.J.Ribbans Traumatic Dislocation of the Hip. Diagnosis and Imaging Studies of Traumatic Hip Dislocation in the Adult. Clinical Orthopaedics and Related Research. 37: 15-23. 2000. ISSN 0009-921X

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
A. Brooks	55%	N/A	N/A	N/A	N/A
WJ Ribbans	45%				


Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Review paper

Please sign form and print name:

 R. A. Brooks

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Bacterial Recolonisation during foot surgery.

DETAILS OF PUBLICATIONS:

Brooks RA, Hollinghurst D, Ribbans WJ, Severn M. Bacterial recolonisation during foot surgery: A prospective randomised study of toe preparation techniques. JBJS(B) 82 (Suppl I):80. 2000.
R.A. Brookes, D. Hollinghurst, W.J. Ribbans, M. Severn. Bacterial Recolonization during Foot Surgery: A prospective randomized study of toe preparation techniques. Foot and Ankle International. 22(4) p347-350. 2001. ISSN 1071-1007.


Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
Brooks RA	33%	33%	33%	33%	33%
Hollinghurst D	22%	14%	22%	22%	22%
Ribbans WJ	33%	33%	33%	33%	33%
Severn M	11%	20%	22%	12%	16%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

 R.A. Brookes

Direct Dial: 01245 51 4634
Direct Fax: 01245 51 6426

BROOMFIELD HOSPITAL
Court Road
Broomfield
Chelmsford
Essex
CM1 7ET

GC/ch

22nd July 2002

University of Glamorgan
Glamorgan
Wales

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: The Application of Mr W Ribbans for a PhD.

Please find enclosed as requested an Author Contribution Confirmation that outlines Mr Ribbans contribution to a paper he co-authored with me in 1994.

Kind regards.

Yours sincerely,



Mr G Charnley FRCS (Ed) FRCS Orth
Consultant Orthopaedic Surgeon

encs

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Rotalok dislocation

DETAILS OF PUBLICATION:

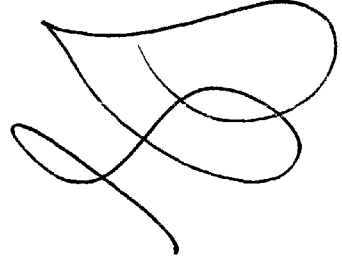
G.J.Charnley, J.Ridge, W.J.Ribbans. Traumatic medial dislocation of a Rotalok Uncemented Acetabular Component. J. Arthroplasty. 1994;9(2):221-223. ISSN 0883-5403

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
GJ Charnley	50 %	40 %	60 %	40 %	60 %
J Ridge	15 %	20 %	15 %	30 %	10 %
WJ Ribbans	35 %	40 %	25 %	30 %	30 %

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:



Please sign form and print name:

R.R. G. CHARNLEY files orth.

Our Ref:

Your Ref:

Worthing Hospital
Lyndhurst Road
Worthing
West Sussex
BN11 2DH

DWC/DC

Tel: 01903 205111
Fax: 01903 285045

23rd January 2003

Mr W J Ribbans M.Ch.FRCS.Orth
Consultant Orthopaedic Surgeon
BMI Three Shires Hospital
The Avenue
Cliftonville
Northampton NN1 5DR

Dear Mr Ribbans

Re: Application of Mr. W. Ribbans for a PhD

Please find enclosed as requested by Mr Ribbans an Author Contribution Confirmation outlining Mr Ribbans' contribution to the listed papers.

Yours sincerely



Mr D W Clark BSc FRCS
Consultant Orthopaedic Surgeon

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Intertrochanteric fractures

DETAILS OF PUBLICATIONS:

W.J.Ribbans, D.Clark. Unstable intertrochanteric hip fractures - Does valgus osteotomy improve bony stability and allow better patient rehabilitation ? A prospective study. Orthopaedic Transactions. 1988;12(3):527-528.

D.W.Clark, W.J.Ribbans. Treatment of unstable intertrochanteric fractures of the femur. A prospective trial comparing anatomical reduction and valgus osteotomy. Injury. 1990;21(2): 84-88. ISSN 0020-1383

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
DW Clark	50 %	70%	60 %	50 %	50 %
WJ Ribbans	50 %	30 %	40 %	50 %	50 %

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

DW Clark

D.W. CLARK.

PROFESSOR M.A.R. FREEMAN, M.D., F.R.C.S.
Consultant Orthopaedic Surgeon

Tel/Fax: (0)20-7388 5731

**79 ALBERT STREET
LONDON NW1 7LX**

(Secretary: Tel: (0)1923-772866 / Fax: (0)1923-771817)

17th June 2002

I write to certify that Mr W. J. Ribbans was a member of the British Orthopaedic Association's Allograft and Bone Banking Committee which I Chaired. He was responsible as a member of the committee for the published report.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M.A.R. Freeman', written in a cursive style.

M.A.R. Freeman, MD FRCS
Hon. Consultant Orthopaedic Surgeon

☎ Direct line: 01793 426656

Fax: 01793 426949

MG/SD

4 December 2002

University of Glamorgan
Glamorgan
Wales

To Whom It May Concern:

Re: The Application of Mr W Ribbans for a PhD

As requested I can confirm that Mr W Ribbans and I contributed equally the publication in the Royal College of Surgeons bulletin in 2001.

Kind regards.

Yours sincerely

**MARCUS H GALEA DM FRCS
CONSULTANT GENERAL AND BREAST/ENDOCRINE SURGEON**

Mr W G Ribbens
Consultant Orthopaedic Surgeon
Three Shires Hospital
The Avenue
Cliftonville
NORTHAMPTON
NN1 5DR

Oxford Haemophilia Centre and Thrombosis Unit
Churchill Hospital
Old Road
Headington
Oxford
OX3 7LJ

Tel: 01865 225300

Fax: 01865 225608

Email: paul.giangrande@ndm.ox.ac.uk

(Date dictated : 13th June 2002)

Dear Bill

14 June 2002

I was delighted to learn that you are submitting a portfolio publication for the degree of PhD by Publication at the University of Glamorgan.

As requested, I now enclose the completed "Author Contribution Confirmation" forms. I also confirm for the University that we have collaborated on a number of projects in recent years and I would hope that we can continue to work together.

With best wishes.

Yours sincerely



Dr Paul Giangrande
Consultant Haematologist

Enc.

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Haemophilia Textbook Chapter

DETAILS OF PUBLICATION(S):

W.J.Ribbans, P. Giangrande. Haemophilia. Chapter in "Oxford Textbook of Orthopaedic Surgery".

Editors: C. Bulstrode, J. Buckwalter, A.Carr and L. Marsh. Oxford University Press. Publication Date March 2002. ISBN 0-19-262681-7

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	70	n/a	70	70	70
P Giangrande	30	n/a	30	30	30

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

PLF Giangrande
P C GIANGRANDE

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Haemarthrosis Treatment

DETAILS OF PUBLICATION(S):

WJ Ribbans, P.Giangrande, K. Beeton.
 Conservative Treatment of Acute and Subacute Haemarthrosis for Prevention of Haemophilic Synovitis
 Proceedings of 4th Musculoskeletal Congress of the World Federation of Hemophilia; p28. Madrid. April 1997. No ISSN
 W.J.Ribbans, P. Giangrande, K. Beeton.
 Conservative Treatment of Hemarthrosis for Prevention of Hemophilic Synovitis
 Clinical Orthopaedics and Related Research. 343:12-18. 1997. ISSN 0009-921X


Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	90	90	90	90	
P Giangrande	5	5	5	5	
K Beeton	5	5	5	5	

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:


 P. F. GIANGRANDE

Specialist Adult Hip & Knee Service

Windmill Road, Headington

Oxford

OX3 7LD

Appointments: 01865 227641

Fax: 01865 227875

NHS Secretary: 01865 227745

JH/HT

25 June 2002

Mr W Ribbans
Private Consulting Rooms
Three Shires Hospital
The Avenue
Cliftonville
Northampton
NN1 5DR

Dear Bill

Re: Your PhD by Publication portfolio

I enclose author contribution confirmations, which you sent me last month. I have completed them as accurately as possible and hope that they will do.

Good luck with the paperwork.

With best wishes.

Yours sincerely



Miss J Hicks
Specialist Registrar to Mr Roger Gundle



AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Infection and HIV joint replacement surgery

DETAILS OF PUBLICATIONS:

- Ribbans WJ, Hicks J, Miller R, Giangrande P, Wiedel J, Thomason C III. Infection and Joint replacement in Haemophilia Haemophilia 4(3):209, 1998
- W.J.Ribbans, J. Hicks. HIV, Infection and Joint Replacement in Haemophilia. Proceedings from the S.I.C.O.T. Meeting. Sydney. May 1999. p187
- W.J.Ribbans, J.Hicks, R. Miller, P. Giangrande, J. Wiedel, C. Thomason III.. Infection and Joint Replacement in Haemophilia Musculo-Skeletal Meeting of World Federation of Haemophilia. Sydney. May 1999. Published in Proceedings of Meeting.
- JL Hicks, WJ Ribbans, et al. Infected Joint Replacements in HIV-positive patients with haemophilia. Journal of Bone and Joint Surgery (B). 83(7) pp1050-1054. 2001. ISSN 0301-620X

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
Ribbans WJ	50%	80%	20%	45%	30%
Hicks J	50%	10%	40%	50	30%
Miller R	-	0	5%	-	50%
Giangrande P	-	0	-	5%	10%
Weidel J	-	5%	5%	-	5%
Thomason C III	-	0	5%	-	5%
Buzzard B	-	5%	5%	-	5%
Torri G	-	0	5%	-	5%
York J	-	0	5%	-	0%
Toft L	-	0	5%	-	5%
SS Kelley	-	0	5%	-	5%

J Hicks

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Communication and Co-operation

DETAILS OF PUBLICATION:

W.J.Ribbans, J.L Hicks

Communication and Co-operation in the 21st Century. The future of the Musculo-Skeletal Committee of the World Federation of Haemophilia. Musculo-Skeletal Meeting of World Federation of Haemophilia. Sydney. May 1999. Published in Proceedings of Meeting.

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	100%	100%	80%	80%	80%
JL Hicks	0	0	20	20	20

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

JL Hicks

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Surgical Complications

DETAILS OF PUBLICATION:

JL Hicks, WJ Ribbens. Surgical Complications in the HIV-positive Haemophilia Patient. Chapter 20 pp 128-135. "Musculoskeletal Aspects of Haemophilia". Eds C. Rodriguez-Merchan, NJ Goddard and CA Lee. Blackwells. Oxford. 2000. ISBN 0-632-05671-1

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
JL Hicks	60%	N/A	N/A	N/A	50
WJ Ribbens	40%	N/A	N/A	N/A	50%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

JL Hicks



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD
MEDICAL SCHOOL

Department of Orthopaedic Surgery
15 Parkman Street, WACC 527
Boston, Massachusetts 02114
Tel: 617 726-5100, administrative office
617 726-8530, patient office
Fax: 617 724-8532
E-mail: jjupiter1@partners.org



Jesse B. Jupiter, M.D.
Director, Orthopaedic Hand Service
Professor of Orthopaedic Surgery
Harvard Medical School

June 24, 2002

AUTHOR CONTRIBUTION CONFIRMATION

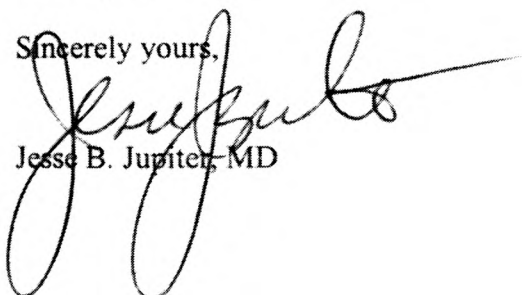
Subject: Monteggia Lesion

Details of Publication: J. Jupiter, S. Leibovic, W. J. Ribbans, R. M. Wilk. The Posterior Monteggia Lesion. J Orthop Trauma, 1991; 5(4): 395-402. ISSN: 0890-5539

Author:	Critical Appraisal of Previous Work	Design and Methodology for investigation	Conduct/ execution of research	Analysis of data, evidence, or outcomes	Theoretical interpretations
J Jupiter	20	40	10	40	40
S Leibovic	40	20	30	20	20
WJ Ribbans	20	20	30	20	20
RM Wilk	20	20	30	20	20

Thank you,

Sincerely yours,



Jesse B. Jupiter, MD

PARTNERS

Harvard Medical School

Royal Free Hospital
Pond Street
London NW3 2QG

Tel 020 7794 0500
Fax 020 7830 2468

26th November, 2002.

TO WHOM IT MAY CONCERN

Re: The application of Mr. W.J. Ribbans for a PhD by Publication.

Please find enclosed as requested Author Contribution Confirmation forms for the papers that we have been involved in co-authoring from 1996-2000.

Yours sincerely,



Riva Miller

Consultant Counsellor,
Honorary Senior Lecturer (RF and UC Medical School)



AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: TKR review

DETAILS OF PUBLICATION(S):

K. Beeton, R. Miller, N. Goddard, WJ Ribbans, C. Madgwick, A. Miners, C Lee.
 A Review of total knee replacement.
 Haemophilia 6(4): 380. 2000. ISSN 1351-8216


Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
K Beeton	30	20	40	30	30
R Miller	0	25	10	0	20
N Goddard	20	25	20	20	25
WJ Ribbans	20	25	20	20	20
C Madgwick	0	0	10	0	0
A Miners	0	0	0	25	0
C Lee	0	5	0	0	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write 'N/A' in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:


 ANA NKOMO

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Medical, Psychological and Social Factors

DETAILS OF PUBLICATION:

Miller R, Beeton K, Madgwick C, Sabin C, Miners A, Goddard N, Ribbans W, Lee C.
Joint Replacements from 1983-1998 in patients with Haemophilia and HIV infection: Medical, Psychological and Social factors
Haemophilia 4(3):320. 1998

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
Miller R	80	80	80	30	30
Beeton K	10	10	10	10	10
Madgwick C	0	0	0	5	5
Sabin C	6	6	0	15	15
Miners A	4	4	0	5	5
Goddard N	0	0	0	5	5
Ribbans WJ	6	0	0	5	5
Lee CA	0	0	0	5	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

Alan Bullock
Rita Mace

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Treatment Compliance

DETAILS OF PUBLICATION:

Sabin C, Miller R, Beeton K, Harrington C, Pollard D, Ribbans WJ, Pasi J, Lee CA.
Compliance with Home Treatment and Prophylaxis for Haemophilia - can we identify non-compliant patients in advance?
Haemophilia 2(Suppl. 1);116. 1996. ISSN 1355-0691

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
C Sabin	0 10	10	0	30	20
R Miller	150	10	5	5	5
K Beeton	10	10	5	5	5
C Harrington	25	25	40	25	25
D Pollard	25	25	40	25	25
WJ Ribbans	0	0	0	0	5
J Pasi	5	10	5	5	10
CA Lee	5	10	5	5	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

Lee CA
Pasi J

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Counselling Guidelines

DETAILS OF PUBLICATION:

Miller R., Beeton K.M., Goldman E., Ribbans W.J.

Counselling guidelines for managing musculoskeletal problems in haemophilia in the 1990s
Haemophilia. 1997;3:9-13. ISSN 1351-8216

Miller R, Beeton K, Ribbans W, Goddard N, Lee C. Counselling for Joint replacement in patients with Haemophilia
Haemophilia 4(3):320. 1998


Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
R Miller	70	70	80	70	65
K Beeton	20	20	10	20	20
E Goldman	5	5	5	5	5
WJ Ribbans	5	5	5	5	5
N Goddard	0	0	0	0	5
C Lee	0	0	0	0	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:


Lisa Eddle

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Prophylaxis Attitudes

DETAILS OF PUBLICATION:

Miller R, Sabin C, Beeton K, Harrington C, Pollard D, Ribbans WJ, Pasi J, Lee CA.
VIII and XI Prophylaxis: Survey of attitudes and use of blood products
Haemophilia 2(Suppl. 1):117. 1996. ISSN 1355-0691

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
R Miller	60	70	60	60	60
C Sabin	0	20	10	10	10
K Beeton	10	10	10	10	10
C Harrington	10	00	5	5	5
D Pollard	5	00	5	5	5
WJ Ribbans	5	00	5	5	5
J Pasi	5	00	5	5	5
CA Lee	5	00	5	5	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

Lee Miller
LEE MILLER

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Orthopaedic Review

DETAILS OF PUBLICATION:


R. Miller, K. Beeton, WJ Ribbans, N.Goddard.
 Problem-Orientated Approach to the Orthopaedic Review in Haemophilia.
 Proceedings of 4th Musculoskeletal Congress of the World Federation of Hemophilia; p28. Madrid. April 1997. No ISSN

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
R Miller	40	40	40	40	50
K Beeton	30	30	30	30	20
WJ Ribbans	30	30	30	30	20
N Goddard	0	0	0	10	10

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:


 R. MILLER

Please sign form and print name:

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Decision-making

DETAILS OF PUBLICATIONS:

Miller R, Beeton K, Madgwick C, Ribbans WJ, Lee CA, Goddard N.
Review of decision-making about total joint replacement from 1963-2000 for patients with haemophilia.
Haemophilia 6(4):376. 2000. ISSN 1351-8216

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
Miller R	80	80	70	60	55
Beeton K	80	20	20	20	20
Madgwick C	0	0	20	0	5
Ribbans WJ	0	5	50	5	10
Lee CA	0	0	50	5	5
Goddard N	0	5	5	0	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments. you wish to make below:

Lee CA
N/A

Please sign form and print name:

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Knee Replacements 1983-1998

DETAILS OF PUBLICATION:

Beeton K, Miller R, Goddard N, Ribbans W, Madgwick C, Miners A, Padkin J, Lee C. A review of total knee replacements between 1983 and 1998. Musculo-Skeletal Meeting of World Federation of Haemophilia. Sydney. May 1999. Published in Proceedings of Meeting.


Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
K Beeton	30	20	30	30	30
R Miller	0	15	10	5	10
N Goddard	20	25	20	15	25
W Ribbans	40	25	20	15	20
C Madgwick	0	0	10	0	0
A Miners	0	0	0	25	0
J Padwick	10	10	10	10	10
C Lee	0	5	0	0	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:


Rina Nalley

Blackburn, Hyndburn & Ribble Valley



ORTHOPAEDIC DEPARTMENT Health Care NHS Trust

REF: RWP/RWP/SD/

DIRECT LINE: 01254 294165

DATE: 20th June 2002

RECEIVED
18 JUN 2002

BY:

University of Glamorgan

TO WHOM IT MAY CONCERN

RE PORTFOLIO FOR SUBMISSION TO APPLY FOR DEGREE OF PHD BY PUBLICATION FOR MR W J RIBBANS M.Ch FRCS ORTH CONSULTANT ORTHOPAEDIC SURGEON

This is to certify that the enclosed author contribution confirmation is an accurate estimation of the amount of work involved by each of the contributors to the subject Age and Femoral Neck Fractures, The Lancet, September 22nd, 1984, page 699 (letter). The authors being I.D. Hall, R.W. Paton, W. J. Ribbans and L. Klenerman.

Yours sincerely

Mr R W Paton
Consultant Orthopaedic Surgeon
Honorary Clinical Lecturer
University of Manchester



INVESTOR IN PEOPLE



Queen's Park Hospital, Blackburn BB2 3HH Tel: 01254 263555
Royal Infirmary, Blackburn BB2 3LR Tel: 01254 263555

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Age and Femoral Neck Fractures

DETAILS OF PUBLICATION:

I.D.Hall, R.Paton, W.J.Ribbans, L.Klenerman. Age and femoral neck fractures. The Lancet. September 22nd, 1984;p.699 (letter).

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
ID Hall	0%	0%	0%	40%	40%
R Paton	10%	10%	40%	10%	10%
WJ Ribbans	10%	10%	40%	10%	10%
L Klenerman	80%	80%	20%	40%	40%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:


R.W. Paton 9/6/02

Queen Elizabeth Hospital

NHS Trust

7th October 2002

MP/SAJ/

Queen Elizabeth Hospital
Orthopaedic Department
Stadium Road
Woolwich
London
SE18 4QH

Mr Phillip's Secretary: 020 8836 **5452**
Appointments: 020 8836 **4969 or 5050**
Waiting list office : 020 8836 **5078**
Fax: 020 8836 **5458**

www.qehospital.com

Mr W J Ribbons FRCS Orth
Consultant Orthopaedic Surgeon
Three Shires Hospital
The Avenue
CLIFTONVILLE
Northampton NN1 5DR

Dear Bill

Apologies for the delay to your request. I managed to find the abstract that you requested and I have filled in the form to the best of my ability and I hope this is of use to you and I wish you the best in your pursuit of a PHD. I am sure I will meet you at some meeting or other in the fairly near future.

Kind Regards.

Yours sincerely



MR M PHILLIPS MA FRCS (Tr & Orth)
Consultant Orthopaedic Surgeon

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: HIV surgery and CD4 counts

DETAILS OF PUBLICATIONS:

W.J.Ribbans, AM.Phillips. The effect of open joint surgery on CD4 counts of HIV +ve haemophilics
3rd Musculoskeletal Congress of the World Federation of Haemophilia. Herzliya, Israel. June 1995. Published in Proceedings.
AM.Phillips, W.J.Ribbans, C. Sabin, C.A.Lee. Orthopaedic Surgery in Hemophilic patients with Human Immunodeficiency Virus
Clinical Orthopaedics and Related Research. 343:81-87. 1997. ISSN 0009-921X
A.M.Phillips, C. Sabin, W.J.Ribbans, C.A.Lee. The effect of Orthopaedic Surgery on the Prognosis of Haemophilic Patients with and without
HIV infection. J.B.J.S. 79(B):Suppl I;105. 1997

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	30	30	20	10	30
AM Phillips	20	20	30	20	20
C Sabin	40	40	40	70	40
CA Lee	10	10	10	0	10

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:



M. Phillips

30 SEP 2002

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Post-operative Analgesia

DETAILS OF PUBLICATION:

AM.Phillips,N.Birch, W.J.Ribbans. Post-operative analgesia requirements in Haemophilics.
3rd Musculoskeletal Congress of the World Federation of Haemophilia. Herzilya, Israel. June 1995. Published in Proceedings.

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
AM Phillips	40	40	60	60	50
NC Birch	20	20	0	10	20
WJ Ribbans	40	40	40	30	30

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:



M. Phillips
30 SEP 2002

M. Phillips
30 SEP 2002

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Haemophilic Ankle Arthropathy

DETAILS OF PUBLICATIONS:

AM.Phillips, W.J.Ribbans The natural history of ankle arthropathy in haemophilia
3rd Musculoskeletal Congress of the World Federation of Haemophilia. Herzilya. Israel. June 1995. Published in Proceedings.
AM.Phillips, W.J.Ribbans. A validated clinical and radiological scoring system for haemophilic ankle arthropathy.
3rd Musculoskeletal Congress of the World Federation of Haemophilia. Herzilya. Israel. June 1995. Published in Proceedings.
W.J.Ribbans, AM.Phillips. Haemophilic Ankle Arthropathy. Clinical Orthopaedics and Related Research. 1996:328. 39-45.
AM.Phillips, W.J.Ribbans. The natural history of haemophilic ankle arthropathy. J.B.J.S. 78(B):Suppl II and III;137. 1996


Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
AM Phillips	40	20	60	60	50
WJ Ribbans	60	80	40	40	50

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments. you wish to make below:

Please sign form and print name:



M. Phillips

30 SEP 2002

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Shoulder and Elbow replacement

DETAILS OF PUBLICATION:

AM.Phillips, W.J.Ribbans, N.J.Goddard. Ipsilateral total shoulder and elbow prosthetic replacement in a patient with severe haemophilia B. Haemophilia 1995;1:270-273

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
AM Phillips	40	20	40	50	50
WJ Ribbans	30	40	30	25	30
NJ Goddard	30	40	30	25	20

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

M. Phillips

30 SEP 2002

M Phillips

30 SEP 2002

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Elbow Arthropathy

DETAILS OF PUBLICATIONS:

Bajekal R, Phillips AM, Ribbans WJ. Elbow Arthropathy in Haemophilia
Haemophilia 2(Suppl. 1);15. 1996. ISSN 1355-0691
R. Bajekal, A.M. Phillips, W.J.Ribbans Elbow arthropathy in Haemophilia
J.B.J.S. 79(B):Suppl I; 104-105. 1997

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
Bajekal R	50	40	45	45	45
Phillips AM	25	20	10	10	10
Ribbans WJ	25	40	45	45	45

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

M. Phillips

30 SEP 2002



AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Surgical Gloves

DETAILS OF PUBLICATIONS:

W.J.Ribbans, M.Phillips,N.Birch. The effect of different surgical glove combinations on dexterity and sensibility.
3rd Musculoskeletal Congress of the World Federation of Haemophilia. Herzilya, Israel. June 1995. Published in Proceedings.

AM.Phillips, N.Birch, W.J.Ribbans. Protective Gloves for use in high-risk patients: how much do they affect the dexterity of the surgeon ?
Annals of the Royal College of Surgeons 79:124-127. 1997. ISSN 0035-38843

A.M. Phillips, N.C. Birch, W.J.Ribbans. Protective gloves for use in high risk patients: How much do they affect the dexterity of the surgeon?
J.B.J.S. 79(B):Suppl I:104. 1997

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
AM Phillips	20	30	45	60	60
WJ Ribbans	40	30	15	30	30
N Birch	40	40	40	10	10

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:



M. Phillips

30 SEP 2002

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Whiplash Injury

DETAILS OF PUBLICATIONS:

AM.Phillips, A.Platts, W.J.Ribbans, A.McGuinness. The use of M.R.I. of the cervical spine following acute whiplash injuries. S.I.C.O.T. Trainees Meeting. Madrid. April 1995. Published in Proceedings.

A.M.Phillips, W.J.Ribbans, A.Platts, A.McGuinness. The value of M.R.I. scanning in whiplash injuries. J.B.J.S. 78(B):Suppl II and III:138. 1996

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
AM Phillips	40	20	30	30	20
A Platts	20	30	40	40	40
WJ Ribbans	30	40	20	20	30
A McGuinness	10	10	10	0	10

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:


M. Phillips
30 SEP 2002

Royal Free and University College Medical School

UNIVERSITY COLLEGE LONDON

DIVISION OF MEDICINE

DEPARTMENT OF MEDICINE



CENTRE FOR GASTROENTEROLOGY

Centre Director:

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Facsimile: +44 (0)20 7431 5261

Email: r.pounder@rfc.ucl.ac.uk

REP/lk/misc.ref.wjr

7 June 2002

To Whom It May Concern:

I am writing to confirm my statement concerning Dr W J Ribbans, and his involvement in the paper *Haemorrhage through the Ampulla of Vater*, published in the Postgraduate Medical Journal in 1985.

Yours sincerely

RE Pounder MA MD DSc(Med) FRCP
PROFESSOR OF MEDICINE

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Haemobilia

DETAILS OF PUBLICATION:

W.J.Ribbans, R.E.Pounder, I.Lindsay. Haemorrhage through the Ampulla of Vater. Postgraduate Medical Journal. 1985;61:533-535. ISSN 0032-5473

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	80	80	80	80	80
RE Pounder	10	10	10	10	10
I Lindsay	10	10	10	10	10

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

This was a case report, but Mr Ribbans looked after the patient and prepared the article.

Please sign form and print name:

R.E.

Professor Roy Pounder
MA MD DSc(Med) FRCP
Centre for Gastroenterology
Department of Medicine

Royal Free & University College Medical School
Rowland Hill Street, London NW3 2PF

7/6/02

**Llandough Hospital
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Ffacs 029 2070 8973

Eich cyf/Your ref
Ein cyf/Our ref
Welsh Health Telephone Network
Direct line/Llinell uniongyrchol

TO WHOM IT MAY CONCERN

Author Contribution Confirmation

Subject – Sclerotherapy for haemorrhoids

Details of Publication:

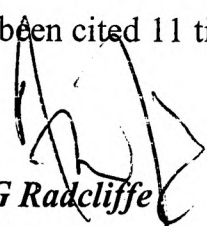
W.J Ribbans, A.G. Radcliffe – Retroperitoneal abscess following sclerotherapy for Haemorrhoids.
Disease of Colon and Rectum. 1985;28:188-189

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	20%	N/A	N/A	80%	80%
AG Radcliffe	20%	N/A	N/A	20%	20%

Other Comments:

Mr W J Ribbans conceived the idea for this case report. He reviewed the literature and wrote the case report and we together wrote the Discussion.

I think it has been cited 11 times since publications in peer reviewed journals.


Mr Andrew G Radcliffe
Consultant Surgeon



Oxford Orthopaedic Engineering Centre
Nuffield Department of Orthopaedic Surgery
University of Oxford
Nuffield Orthopaedic Centre
Headington
Oxford, OX3 7LD
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e-mail: barbara.marks@ndos.ox.ac.uk

2/6/02

Dear Sir/Madam,

Re: W. J. Ribbans Publications

Please find enclosed two completed evaluation forms of my assessment of the contribution of each author for the following two publications:

1. *The Management of 3 and 4 part fractures of the Proximal Humerus.*
Rees J.L., Hicks J., Ribbans W.J. **Clinical Orthopaedics and Related Research.** 353, 18-29.
Aug. 1998.
2. *The management of equinus contractures of the ankle in Haemophilia.* Ribbans W.J., Rees J.L.
Haemophilia 1999, 5 :46-52.

Yours sincerely,

Mr Jonathan L Rees FRCS
Specialist Registrar to Prof A Carr

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Equinus Contractures

DETAILS OF PUBLICATION:

W.J.Ribbans, J. Rees. Management of equinus contracture of the ankle in haemophilia.
Haemophilia 5:(Suppl 1):46-52. 1999.

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
W. Ribbans	70%	N/A	60%	N/A	70%
J. Rees	30%	N/A	40%	N/A	30%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

 (Mr. J. Rees)

Please sign form and print name:

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Proximal Humeral Fractures

DETAILS OF PUBLICATION:

J.Rees, J.Hicks, W.J.Ribbans. Assessment and Management of Three- and Four-Part Proximal Humeral Fractures
Clinical Orthopaedics and Related Research. 353:18-29. 1998

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
J. Rees	40%	N/A	20%	N/A	30%
J. Hicks	30%	N/A	20%	N/A	20%
WJ Ribbans	30%	N/A	60%	N/A	40%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

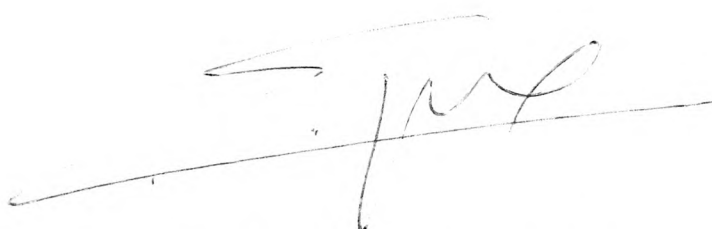
 (Mr. J. Rees)

Please sign form and print name:

June 7, 2002

To whom it may concern

I confirm that Mr William J. Ribbans did indeed act as a co-editor of the Clinical Orthopaedics and Related Research Symposium on "Haemophilic Synovitis" that was published in 1997 (October issue, 343).



E. Carlos Rodriguez-Merchan, MD, PhD

Consultant Orthopaedic Surgeon

Service of Traumatology and Orthopaedic Surgery and Haemophilia
Centre

La Paz University Hospital

Madrid, Spain



THE UNIVERSITY OF SHEFFIELD

Division of Clinical Sciences (North)
Northern General Hospital

Section of Human Metabolism, Clinical Sciences Centre

Professor M Saleh, Head of Orthopaedic & Traumatic Surgery Research Group

E.mail: M.Saleh@Sheffield.ac.uk

Herries Road

Sheffield S5 7AU

Tel: (44) 0114 271 4191

Fax: (44) 0114 261 9246

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Bundle Nailing

DETAILS OF PUBLICATION:

M.Saleh, W.J.Ribbans, R.H.Meffert . Bundle Nailing in nonunion of the Distal Radius: case report. Handchir Mikrochir Plast Chir. 1992;24(5):273-5. ISSN 0722-1819


Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
M. Saleh	40%	40%	30%	30%	40%
WJ Ribbans	20%	30%	30%	40%	30%
RH Meffert	40%	30%	40%	30%	30%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

 M. SALEH



THE UNIVERSITY OF SHEFFIELD

Division of Clinical Sciences (North)
Northern General Hospital

Section of Human Metabolism, Clinical Sciences Centre

Professor M Saleh, Head of Orthopaedic & Traumatic Surgery Research Group E.mail: M.Saleh@Sheffield.ac.uk

Herries Road
Sheffield S5 7AU

Tel: (44) 0114 271 4191

Fax: (44) 0114 261 9246

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Papineau technique

DETAILS OF PUBLICATION:

M.Saleh, D.N. Kreibech, W.J.Ribbans. Circular frames in the management of infected tibial non-union: a modification of the Papineau technique. Injury. 27: 31-33. 1996. ISSN 0020-1383

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data: evidence or outcomes	Theoretical interpretations
M Saleh	80%	20%	40%	40%	40%
WJ Ribbans	10%	20% 20%	20%	40%	40%
DN Kreibech	10%	30%	40%	20%	20%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

M. Saleh SALEH



THE UNIVERSITY OF SHEFFIELD

Division of Clinical Sciences (North)
Northern General Hospital

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Professor M Saleh, Head of Orthopaedic & Traumatic Surgery Research Group E.mail: M.Saleh@Sheffield.ac.uk

Herries Road
Sheffield S5 7AU
Tel: (44) 0114 271 4191
Fax: (44) 0114 261 9246

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Ilizarov Technique surgery

DETAILS OF PUBLICATION:

M.Saleh, R.J.Street, W.J.Ribbans. Lower Limb Reconstruction using the Ilizarov Technique. J.B.J.S. 1991;73(B):Suppl II (Orthopaedic Proceedings):188.

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
M. Saleh	60%	40%	20%	20%	30%
WJ Ribbans	20%	30%	40%	50%	35%
RJ Street	20%	30%	30%	30%	35%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

M Saleh
M SALEH

Please sign form and print name:



THE UNIVERSITY OF SHEFFIELD

Division of Clinical Sciences (North)
Northern General Hospital

Section of Human Metabolism, Clinical Sciences Centre

Professor M Saleh, Head of Orthopaedic & Traumatic Surgery Research Group E.mail: M.Saleh@Sheffield.ac.uk

Herries Road
 Sheffield S5 7AU
 Tel: (44) 0114 271 4191
 Fax: (44) 0114 261 9246

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Orthofix External Fixation for Tibial Fractures

DETAILS OF PUBLICATION:


W.J.Ribbans, M.Saleh. Orthofix External Fixation for Tibial Fractures. J.B.J.S. 1991;73(B):Suppl II (Orthopaedic Proceedings):177.

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data: evidence or outcomes	Theoretical interpretations
WJ Ribbans	40%	20%	70%	80%	50%
M. Saleh	60%	80%	30%	20%	50%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.
 Please write any other comments, you wish to make below:

Please sign form and print name:

 MSALEH.



THE UNIVERSITY OF SHEFFIELD

Division of Clinical Sciences (North)
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Section of Human Metabolism, Clinical Sciences Centre

Professor M Saleh, Head of Orthopaedic & Traumatic Surgery Research Group E.mail: M.Saleh@Sheffield.ac.uk

Herries Road

Sheffield S5 7AU

Tel: (44) 0114 271 4191

Fax: (44) 0114 261 9246

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Non-unions

DETAILS OF PUBLICATION:

W.J.Ribbans, M.Saleh. The Sheffield Experience in the treatment of Non-Unions of long bones. Results and lessons.
International Journal of Orthopaedic Trauma. 1992;2(1):19-25. ISSN 0960- 2941

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	50%	70%	80%	80%	90%
M Saleh	50%	30%	20%	20%	10%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

M. Saleh
M. SALEH



THE QUEEN'S

ANNIVERSARY PRIZES

FOR HIGHER AND FURTHER EDUCATION

1998 2000

Mr.
WJ Ribbans M. Ch., F.R.C.S. Orth.
Consultant Orthopaedic Surgeon
Private Consulting Rooms
Three Shires Hospital
The Avenue, Cliftonville
Northampton NN1 5 DR

- England -

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Traditionelle Chinesische Medizin

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Orthopädische Abteilung

Chefarzt:
Dr. med. Axel Seuser
Facharzt der Orthopädischen
Abteilung
Facharzt für Orthopädie,
Physikalische Therapie,
Sportmedizin - Chirotherapie

Telefon 02 28/68 33-4 13
Telefax 02 28/68 33-4 44

01.08.02
Dr. Se./ns

Hiermit bestätigen wir, dass Mr. WJ Ribbans an den beiden Studien „Gait Analysis of the Hemophilic Ankel with Silicone Heel Cushion und bei „Musculoskeletal Aspects of Haemophilia“ maßgeblich beteiligt war.


Dr. A. Seuser
Chefarzt

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Gait Analysis

DETAILS OF PUBLICATION:

Seuser A, Wallny T, Klein H, Ribbans W, Schumpe G, Brackmann H.
Gait Analysis of the Hemophilic Ankle with Silicone Heel Cushion.
Clinical Orthopaedics and Related Research. 343:74-80. 1997. ISSN 0009-921X

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
A Seuser	45	35	60	30	30
T Wallny	10	15	10	5	5
H Klein	5	5	5	5	5
W Ribbans	30	35	5	50	50
G Schumpe	5	5	15	5	5
H Brackmann	5	5	5	5	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Gait Analysis

DETAILS OF PUBLICATION:

Seuser A, Wallny T, Klein H, Ribbans W, Schumpe G, Brackmann H.
Gait Analysis of the Hemophilic Ankle with Silicone Heel Cushion.
Clinical Orthopaedics and Related Research. 343:74-80. 1997. ISSN 0009-921X

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
A Seuser	45	35	60	30	30
T Wallny	10	15	10	5	5
H Klein	5	5	5	5	5
W Ribbans	30	35	5	50	50
G Schumpe	5	5	15	5	5
H Brackmann	5	5	5	5	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Biomechanical Research

DETAILS OF PUBLICATION:

A. Seuser, T. Wallny, G. Schumpe, HH Brackmann, WJ Ribbens. Biomechanical Research in Haemophilia. Chapter 4 pp 27-36. "Musculoskeletal Aspects of Haemophilia". Eds C. Rodriguez-Merchan, NJ Goddard and CA Lee. Blackwells. Oxford. 2000. ISBN 0-632-05671-1

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
A Seuser	45	40	70	35	30
T Wallny	40	10	10	5	5
G Schumpe	5	5	10	5	5
HH Brackmann	40 5	5	5	5	5
WJ Ribbens	35	40	5	50	55

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

202



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MEDICAL SCHOOL

1 Hawthorne Place, Suite 105
Boston, Massachusetts 02114

Tel: 617.726.8441, Fax: 617.248.9668
E-mail: siliski.john@mgh.harvard.edu

John M. Siliski, M.D.
*Reconstructive Knee Unit
Joint Replacement Surgery
Fractures*

February 8, 2003

University of Glamorgan
Glamorgan, Wales

RE: Mr. W. J. Ribbans

To Whom It May Concern:

Please find enclosed an Author Contribution Confirmation regarding the participation of Mr. W. J. Ribbans in a paper written in 1989. If there are any questions, please contact me.

Yours truly,

John M. Siliski, M.D.

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Knee dislocations

DETAILS OF PUBLICATION(S):

K.M.Plancher, J.M.Siliski, W.J.Ribbans. Traumatic dislocation of the knee: Complications and results of operative and non-operative treatment. Orthopaedic Transactions.1989;13(3):515.

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
KM Plancher	30	30	45	40	30
JM Siliski	40	40	10	20	40
WJ Ribbans	30	30	45	40	30

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

MR DAVID STOCK BSc FRCS(Orth)

Department of Trauma & Orthopaedics

Your Ref:

Our Ref: DJS/sjg

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Cliftonville

Northampton

NN1 5BD

19 December 2002

Direct Dial: 01604 544304

Direct Fax: 01604 545588

Switchboard: (01604) 634700

University of Glamorgan

Glamorgan

Wales

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: The Application of Mr W Ribbans for a PhD

Please find enclosed as requested an Author Contribution Confirmation that outlines Mr Ribbans contribution to a paper he co-authored with me in 1995.

Yours faithfully



David Stock BSc FRCS (Orth)

Consultant Orthopaedic Surgeon

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Ankle Surgery in haemophilia

DETAILS OF PUBLICATION:

W.J.Ribbans, AM.Phillips, D.Stock, E.Stibe. Haemophilic Ankle Problems: Orthopaedic Solutions
Haemophilia. February 1995(1):91-96. ISSN 1351-8216

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	56%	100%	45%	45%	60%
AM Phillips	25%	75%	45%	45%	25%
D Stock	10%	57%	15%	15%	57%
E Stibe	15%	57%	15%	15%	57%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:


J. Stock

Please sign form and print name:

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: HIV and Hepatitis

DETAILS OF PUBLICATIONS:

Ribbans WJ, Sweetnam D. Prevalence of H.I.V., Hepatitis B and Hepatitis C in Orthopaedic Trauma Admissions. J.B.J.S. 79(B):Suppl II:221. 1997.

D.I.Sweetnam, W.J.Ribbans, A.Manktelow, P.Griffiths. Prevalence of H.I.V., Hepatitis B and C in Orthopaedic Trauma Admissions JBJS 82(B). Suppl. II: 149-150. 2000

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
Ribbans WJ	80%	85%	5%	5%	65%
Sweetnam D	0%	5%	90%	55%	20%
Manktelow A	10%	5%	5%	10%	10%
Griffiths P	10%	5%	0%	5%	5%

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:


Dr. D. I. Sweetnam

Please sign form and print name:



Royal National Orthopaedic Hospital

NHS Trust



RNOH Stanmore
Brockley Hill
Stanmore
Middlesex
HA7 4LP

Tel: 020 8954 2300
www.rnoh-stanmore.org.uk

Our Ref: BAT/KLA

6th February 2003

To Whom It May Concern,
University of Glamorgan,
Glamorgan,
Wales.

Dear Sir,

RE: APPLICATION FOR PhD BY MR. W.J. RIBBANS, FRCS

Please find attached the author contribution confirmation document for our joint publication in the JBJS in 1991.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'B.A. Taylor'.

**B.A. TAYLOR, M.Ch. (Orth), F.R.C.S.,
Consultant Orthopaedic & Spinal Surgeon**

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Pelvic Chondrosarcoma

DETAILS OF PUBLICATION:

W.J.Ribbans, B.A.Taylor, D.R.Sweetnam. The role of local resection in the treatment of pelvic chondrosarcomas. J.B.J.S. 1991;73(B):Suppl I (Orthopaedic Proceedings):80.

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	60	45	60	50	50
BA Taylor	40	45	40	50	50
DR Sweetnam		10			

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

B A TAYLOR

B A Taylor 6/2/2003

Administration Letter

Department of Trauma & Orthopaedics

Secretary's Tel No : 01494 426421

Wycombe Hospital
Queen Alexandra Road
High Wycombe
Buckinghamshire
HP11 2TT

Mr W J Ribbans, M.Ch FRCS Orth
Consultant Orthopaedic Surgeon
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Consultant:
Our Ref:
Dictated:
Date Typed:

Geoffrey J. Taylor
GJT/jmfs
25.06.02
01.07.02

Tel: 01494 526161

Dear Bill

Thank you for your letter of 18th May 2002 with attached "Author Contribution Confirmation" forms. I filled these out to the best of my ability. My recollection is that you did the "Lyon's share" of all the work for both of these papers! Nan Mitchell of course put a lot of work into the shoulder paper with organising the CT scans.

Good luck with your PhD thesis.

Kind regards.

Yours sincerely,



Geoffrey J. Taylor, FRCS Orth.Ed.,
Consultant Orthopaedic Surgeon

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Shoulder dislocation

DETAILS OF PUBLICATIONS:

W.J.Ribbans, G.J.Taylor, R.Mitchell. Primary anterior shoulder dislocations investigated by computerised arthrotomography. Orthopaedic Transactions. 1988;12(3):530.

G.J.Taylor, W.J.Ribbans, R.Mitchell. Computerised arthrotomography of primary anterior dislocations of the shoulder.

J.B.J.S. 1989;71(B):336. ISSN 0301-620X

W.J.Ribbans, G.J.Taylor, R.Mitchell. Computerised Arthrotomography of primary anterior dislocations of the shoulder.

J.B.J.S. 1990;72(B):181-185. ISSN 0301-620X


Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbans	40	40	30	33	33
GJ Taylor	20	20	30	33	33
R Mitchell	40	40	40	33	33

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:


GEOFFREY S. TAYLOR 2/12/02

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Injuries in epileptics

DETAILS OF PUBLICATIONS:

K.B.Desai, W.J.Ribbans, G.J.Taylor, A. Hashemi-Nejad. Skeletal injuries in Epileptics. Injury 1994;25:Suppl. 2:S-B 15. ISSN 0020-1383
 K.B.Desai, W.J.Ribbans, G.J.Taylor, A.Hashemi-Nejad The incidence of five common fractures in an institutional epileptic population. Injury. 27: 97-100. 1996. ISSN 0020-1383.

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
KB Desai	10	0	0	10	10
W.J Ribbans	50	30	50	50	50
G.J Taylor	20	20	50	30	30
A Hashemi-Nejad	10	0	0	10	10

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Please sign form and print name:

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William W. Tomford, M.D.
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AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Parosteal Osteosarcoma

DETAILS OF PUBLICATION:

W.J. Ribbens, W.W. Tomford, H.J. Mankin, L.R. Zukerberg, A.E. Rosenberg. The treatment of Parosteal Osteosarcoma by an en bloc resection and allograft reconstruction. J.B.J.S. 1989;71(B):372. ISSN 0301-620X

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
WJ Ribbens	70	70	80	70	65
WW Tomford	10	20	10	5	20
HJ Mankin	5	10	10	15	5
LR Zukerberg	10	—	—	5	5
AE Rosenberg	5	—	—	5	5

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:

Dr. Ribbens developed the idea for this study, did the majority of the research and writing and was ~~the~~ clearly the prime mover and main author

Please sign form and print name:

William W. Tomford MD for this study.
WILLIAM TOMFORD



ΔΗΜΟΚΡΙΤΕΙΟ ΠΑΝΕΠΙΣΤΗΜΙΟ ΘΡΑΚΗΣ

ΙΑΤΡΙΚΗ ΣΧΟΛΗ

ΟΡΘΟΠΑΙΔΙΚΗ ΚΛΙΝΙΚΗ

ΔΙΕΥΘΥΝΤΗΣ: ΚΑΘΗΓΗΤΗΣ ΙΩΑΝΝΗΣ Ν. ΓΕΡΜΑΝΗΣ

KONSTANTIN C. XARCHAS, MD, PhD
Orthopaedic and Hand Surgeon ,
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Alexandroupolis 11 /6/2002

TO WHOM IT MAY CONCERN

Attached please find a special form where each author's contribution is estimated regarding the paper "Acute anterior and peroneal compartment syndrome of the tibia in an athlete due to physical exercise". The paper, written by me and Mr. W J Ribbans, was published in the Acta Orthopaedica Hellenica in 1998. May I take the opportunity to express my deepest thanks to Mr. Ribbans for all his teaching and assistance during the period that I worked as his Registrar in Northampton.

Yours faithfully

K. C. Xarchas

AUTHOR CONTRIBUTION CONFIRMATION

SUBJECT: Compartment syndrome

DETAILS OF PUBLICATION:

Xarchas KC, Ribbans WJ Acute Anterior and Peroneal Compartment Syndrome of the Tibia in an athlete due to physical exercise.
Acta Orthopaedica Hellenica 49(1):66-68. 1998. ISSN 1105-3410

Author:	Critical Appraisal of previous work	Design and Methodology for investigation(s)	Conduct/Execution of research	Analysis of data evidence or outcomes	Theoretical interpretations
Xarchas KC	60 %	N/A	60 %	60 %	60 %
Ribbans WJ	40 %	N/A	40 %	40 %	40 %

Please assign assessed percentage contribution for each author.

If you feel that one, or more, of the categories does not apply to this particular publication(s) please write "N/A" in boxes.

Please write any other comments, you wish to make below:



Please sign form and print name:

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